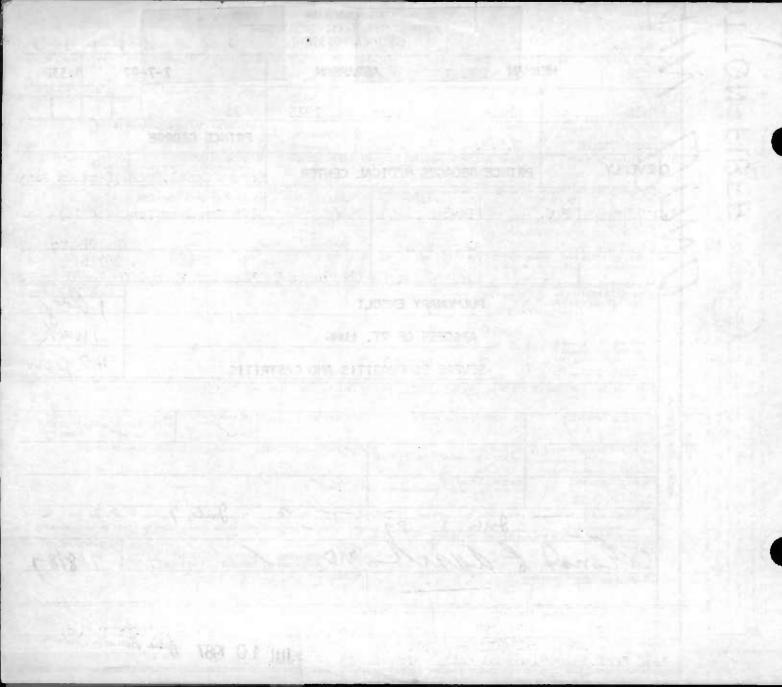
1	FOR STATE	DEPAR	MENT OF	E OF MARYLAND BEALTH AND MENTAL HYG	CIENE (C)	0		
	REGISTRAR	MIDDLE		ICATE OF DEATH	REG. NO		YEAR	26 HOUR
	CEASED NAME FIRST	ERMAN ISRAEL		BRAMSON	26 DATE OF DEATH	7-7-87		8.33P M
3. SE	X	4 RACE	5. DATE (	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
	Male	White		E. 24, 1915	71	YRS		
	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	? 8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	PRINCE GE	_	DEATH	MD
10 C	ITY OR TOWN OF DEATH HEVERLY	PRINCE GEORGES			12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Career Deve	F WORKING LIFE) II	NDUSTRY	of Arm
USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY 13c. CITY OR TO		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
-	aryland P.G.	Bowie LAST		YES NO 15. MOTHER'S MAIDEN NA	2609 Kennis	son Lane	(207	
	Louis	Abramso	on	Anna	MIDDLE	(	foldk	
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC		17 INFORMANT	ADDRI BOW	le, Md.	20715	
	YES, NO OR UNKNOWN) (IF YES, GI	NE WAR OR DATES) 161-01-	6822	Charlotte V.	Abramson: V	Vife: 260	9 Ken	nison L
	PART I. DEATH WAS CAUSE	TE CAUSE (a)	Y EMBC					MAJE INTERVAL DISCT AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	(6)	UENCE OF SOPHAG	ITIS AND GAST			40	years
NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO						
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	YES NO	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	
_	2] 8. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	E, FARM ETC )	211 LOCATION STREET	CITY OR IC	NWO	COUNTY	STATE
	sow the deceased alive or obave, (I) (sue) (did) (did n	n 19 at) view the body offer death.	~	and that in (my) (arm) apinion	death accurred on the d	2 ate and haur an	d from the	
	Chonal	& aun	1	DEGREE PHYSICIAN E	MEDICAL STA	FF CIAN [	22c. DATE	8/89
	274 PAYSICIAN'S NAME (TYPE	OR PRINT)	•	22e ADDRESS				/
	BURIAL, CREMATION, REMOVA	L 23b. DATE 23	NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	cc	OUNTY	STATE
	Burial			Memorial Gdn.	Olney;	Montgom		Md.
24 F	UNERAL DIRECTOR DANZAN 170 Rockville I	NSKY-GOLDBERG ME Pike; Rockville,	MORIAI Md. 2		10 1987	A LEGISTEAN	hasignal	antorand
		,						

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA

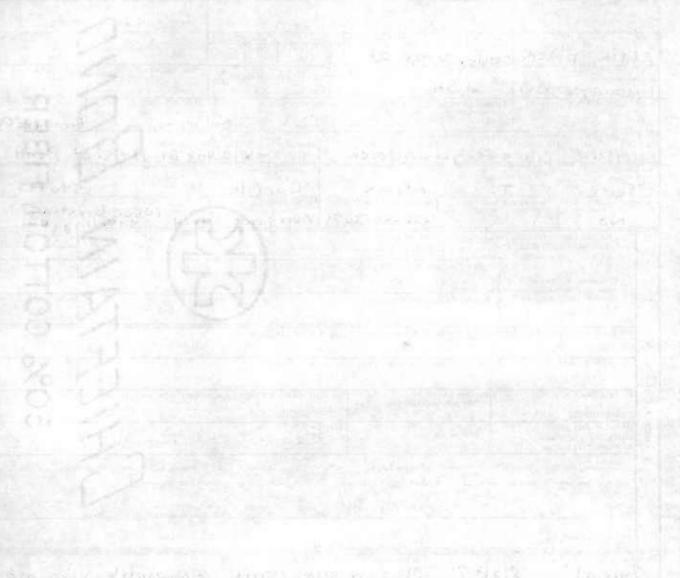
07/84 25M

FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

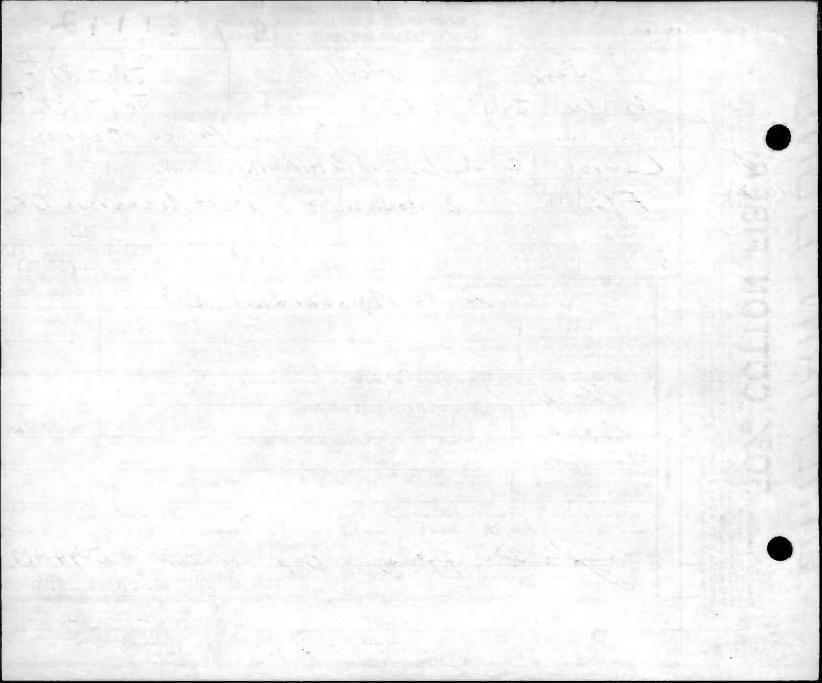
REG. NO

	(TYP	E OR PRINT)							1	OF ESTI-		DIAILI DAT TEAK	ZE HOOK
資金の表世	1		ROY	M	ICHAEL	A	DAMS			DEATH MATE		7-28-879	M
2000年	3 SEX			DATE OF BIRTH		AGE (IN YEARS IF U		HOURS		2c. DATE PRONOUNCED	MC	ONTH DAY YEAR	2d HOUR
ON STATE	N	lale	Black	october 30	1958	28 YRS.	THS DAYS	HOURS	MIN IT	DEAD		7-28-879	4:30P
28.28/	FO	RTHPLACE (STEELING COUNTRY)	TATE OR	b. CITIZEN OF WHA	T COUNTRY	? 8 MAR	RIED   NEV	ER MARRIE	DX	9. BALTIMORE C	ITY OR CO	OUNTY OF DEATH	
25 % L	W	AShing	pton, D.C.	USF		WIDO	WED [	DIVORCE	0	Prince	Georg	ge's Count	У мо
おおいまり	10 CI	TY OR TOWN		1. NAME OF HOSP	TAL, NURSIN	NG HOME, OR OT	HER INSTITUT	ION	12a USU	AL OCCUPATION	TYPE OF W	VORK 126 KIND OF B	USINESS
Soat Z		Chever!		Prince Ge			pital		Deli	iver man	_ 3	furnitu	re Co.
Section 2	13a S		(IF IN NURSING HOME OR OF INC.	THER INSTITUTION, GIVE			13d. INSIDE (II	TY LIMITS?	13e. STRE	et ADDRESS	h+ 5	eat Ro	d
三型多 不	14 FA	THER'S NAME		MIDDLE	1451		15 MOTHE			WIDDIE		YPAI	
施設し		Jame:	5	T.	Ada	MS	Lu	cille	0	MIDDLE		540-44	- S
N S S S S S S S S S S S S S S S S S S S	16a V	AS DECEASE	D EVER IN U.S. ARME		166 SOCIAL	SECURITY NO.	17. INFORM			ADD	RESS	D. Solda AC	7
A A A B A B A B A B A B B A B B A B		NO	(8 163, 5172 W	in On DATES)	226-	86-3475	Mar	garet	Cu	LYYY	50C	Brixtone	
WIT. PIN.		18 CAUSE O	F DEATH (Enter only	ane cause per line fo	or (a), (b), an	nd (c).)						APPROXIMA	TE INTERVAL ET AND DEATH
ERW -		PARTIDE	ATH WAS CAUSED E	CAUSE (a) COCE	ine, I	Phencycli	dine a	ind Et	hyle	ne Glyco	)1	1	
A A COV						XXXXXXXXXX							
A AL H			ns, if any, which se to immediate	) (b) into	xicati	ion		1					
OR TREE		cause (a) lying cau	stating the <u>under</u>	DUE TO, OR A	S A CONSEC	QUENCE OF				177	1.43	VI GOOD	
ON NAME OF THE PARTY OF THE PAR	- 6	lying cao	ise rust.	(c)					-	61 3			
NAT AN WAT		PART 2 OTHER SI	GNIFICANT CONDITIONS CO	NTRIBUTING TO OFATH BU	T NOT RELATED	TO THE TERMINAL DISEA	SE OR CONDITION	GIVEN IN PART	TT (a).	Section 1			
WEDIC WEDIC AS A ALTH CREW	CERTIFICATION	10000											AT . 15
SED SED	CA	19a DATE OF	OPERATION	196. CONDITIO	ON FOR WH	ICH OPERATION Y	VAS PERFORA	MED?				20 AUTOPS	?
SE SE C	RTE	EL FUTFOLIA	L CALIFE MAG					100				YES 🔀	NO 🗆
A MEN MEN		UNDERLYING	AL CAUSE WAS	11b. TIME OF I HOUR A.M.	MONTH DA	Y YEAR				ATURE OF INJURY IN IT	EM 18 PART 1	OR PART 2)	
ARI OR ARI	MEDICAL	CONTRIBUTION CONTRIBUTION	NG CAUSE OF DE		7-?-87		bject	used	arug	JS .			
CER 3 S S S S S S S S S S S S S S S S S S	MED			21e PLACE OF STREET, FACTOR	RY, FARM, ETC.)		STREET		David	CITY OR TOWN		Co., Mary	SEATE
WAR WAR PAG TATE		AT WORK	NOT WHILE	unknowr	1		ıknown		Prin	ice Georg	ge·s	Co., Mary.	Land
ATE SOR!		220 I certi	fy that I taak charge o	of the remains descr	ibed above,	held an Auta	psy X,	Inspection		Inquiry .	and in	ту аріпіап	
MINISTER BELL		death result	ed fam: Natural	couses	Accident	, Suicide	, Hamics	de .	Undete	rmined manner	X,		
MARIE WAR	100	ACTUAL	Mans	I 01	WW	h Al	TITLE (SP		77.00			ATE 7-29	-97
A HANDER		SIGNATURE.	Uwuni	+3	0	1.0	ASSI	istant	MEDI	CAL EXAMINER		IGNED	-07
EDICAL JNERAL SPECATAL	14	EXAMINER'S	NAME		V	T. W.D.		111	Day	n Ctroot	-		
TO ME EXECUTION PAGE TO FU		(TYPE OR PRI		rio F. Go						n Street			
- mg - 48	230.BI	PEGFY)	TION, REMOVAL 236	387		NE OF CEMETERY			CITYO	CATION	11	COUNTY	TATE
BP	74 FI	JUTIA INERAL DIREC		1361	Peq	Sant Va	1164 10	SO DATE DE	EC'D BY	ANNAN REGISTRAR 175W	REGISTRA	VIV911	119
DHMH - 17	0	NAME		ADDRESS 6	1685	18.5hirl	N8-101.	ENL	30	1087	لم مل	W 9 SIGNATURE	May 1
(VR A15 ME (5))	1	NNIL	+4/18/4	Service	ACIL	1/2/10/1	U9.	7,1111	00	201			



- STATE REGISTRAR DECEASED NAME 2e. DATE KNOWN PC MONTH (TYPE OR PRINT) OF ESTI-4 RACE IF UNDER 24 HRS DATE PRONOUNCED DEAD univ 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED PO NEVER MARRIED PATTERSON, N.J. reov WIDOWED L 12h KIND/OF BUSINESS FOOD FOOD 13d. INSIDE CITY LIMITS? 30 STATE 13c CITY OR TOWN FATHER'S NAME MIDDLE FLAMM BESSIE MORRIS ADITN ADDRESSBOYNTON BEACH, FLA 17. INFORMANY WIFE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO MANGROVE DR. (33437) 154-14-7250 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IIFF MEDICAL EXAMINER ALC ISED AS A BURIAL - TRANSIT PI PF HEALTH AND MENTAL HYGI IAL, CREMATION, OR REMOV. DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 USED OF HE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DED TO THE CENTRE OF SHOULD BE USED FOR TAKENTON TO BURE YES 🗌 NO.D 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 S. AFTER DEATH, WITH THE STATE DEP BALTIMORE, MARYLAND, 21201 PR AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE Inspection De 22e I certify that I took charge of the remains described obove, held an Natural causes death resulted from: Accident TITLE (SPECIFY) EXAMINED NAME DR. JOHN ROGERS 1919 SEMINARY RD. SILVER SPRING 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY BURTAL 7/6/87 ZION CAMP 6 SADDLEBROOK 24 FUNERAL DIRECTANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE, PIKE: ROCKVILLE, MD 20852

STATE OF MARYLAND



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. B	1 DE	REGISTRAR CEASED NAME E OR PRINT)	first hulgi		MIDDLE	tonel	7.	ATEQ	20	DATE KNOW OF ESTI- DEATH MATE	400		DAY Y	(2) HOU
AN PLEA DIRECTIO OUR FILE ON STREET	3 SEX	Tale W.	hite	5 DATE OF BIRTH	YEAR 74			IF UNDER 2		DATE RONOUNCED DEAD	,	7	DAY 194	F 7 2d HOU
ECESS TUNERAL S FOR Y WITHER	FG	RTHPLACE (STATE OF		76. CITIZEN OF WE		B MARR WIDOW	/ED 🗋	ER MARRIE			nce	Georg	ges	M
DELAY IS TO THE PAGE DESILED	Te	emple Hill	S	2313 /	PITAL, NURSING HO JULTY, GIVE STREET ADDRES IN US F S 1711 RE RESIDENCE BEFORE ADM	5/ Spor	er institut	ION	FOR MO	LOCCUPATION STOFWORKING LIF STRUCTI	E)		or IND	DUSTRY
F ANY 1 AND 3 AND 3 COULD EEGOU	13 Ma	ryland	Prince	Georges	Temple Hi		13d INSIDE CIT	NO 🗆	232	TADDRESS 3 Ivers	on S	tree		20748
DRE, MD DEATH GES 1, 2 MM PM 1		Raffae		WIDDLE	Antone1		FAR	laria	NAME	WIDDLE	2500	Ci	ollo	one
S AFTER GIVE PA ITH FOR PAGES IVISION	166. V	VAS DECEASED EVE ES, NO, OR UNKNOWN	(IF YES, GIVE	NAR OR DATES)	578-52-1				tone	11i-wif	e- (	same		
, 201 W. PRESTON ST., CUTED WITHIN 24 HOUR "N. PRENCIL IN TERN 18. EXAMINER ALONG W RIAL - TRANSIT PERMIT. UD. MENTAL HYGIENE, D TON, OR REMOVAL.		PART I DEATH  Canditions, if gave rise to cause (a) static lying cause las	IMMEDIAT any, which immediate og the under-	DUE TO, OR	Hypertens AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE	E OF	irdiova	ascula	ar di	sease				umate interval Onset and death
PA BUCA	NOI	PART 2 OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING TO OEATH I	OUT NOT RELATED TO THE T	ERMINAL OISEAS	E OR CONDITION	GIVEN IN PART	1 10					
TAL HOU WSEL OSEL	TIFICATION	190. DATE OF OPE		19b. CONDIT	ION FOR WHICH OF	PERATION W	AS PERFORA	AED?	11/2				20 AUTO	
O FETTONO.	CALCERT	214 EXTERNAL CA UNDERLYING CONTRIBUTING	OR CAUSE OF E	DEATH P.M.	MONTH DAY YE	AR	5.6	OCCURRED	(ENTER NA	TURE OF INJURY IN IT	EM 18 PAR	T I OR PART 2		
DIVISION HIS CERTIFIC WRITING TH WARTING TH AGE 3 SHOU	MEDICAL	21d INJURY OCCU WHILE NO AT WORK AT	T WHILE WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	143		CITY OR TOWN		COUNT	,	STATE
TO MEDICAL EXAMINER: 17 FACUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STA			t I taak charg	ol causes .	cribed abave, held an Accident ,	Autap Suicide	Hamicio	ESTY	MEDIC	Inquiry mined manner  AL EXAMINER  The Ct ,	<u> </u>		7/=	22-87 5, MD
OZ/84 BB	23a.B	URIAL, CREMATION Burial		36 DATE 7-25-1987	Fort L		R CREMATO		23d LOC CITY OR Bre:	ATION TOWN ntwood	Pr.	Geoi	cges	STATE Md.

07/84

**DHMH - 17** (VR A15 ME (5))

24. FUNERAL DIRECTOR

Hines/Rinaldi Funeral Home Silver Spring, M

256 REGISTRAR'S SIGNATURE Julia Director Renders

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

059700 #	1 = FOR STATE REGISTRAR			EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 7 REG. NO 2	11	14
ay be acoge 3 deoth	1. DECEASED NAME (TYPE OR PRINT) IR	ENE VIO	LA APPLI	EGATE	20 DATE OF DEATH MONTH  JULY	11 1987	26 HOUR 10:37Р,
ge 4may ectar poor	3. SEX Female	4 RACE Black	5. DATE C MONTH Febru		6. AGE (IN YEARS LAST BIRTHDAY)  63 YRS	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
	Rhode Island  OCITY OR TOWN OF DEATH	U.S.A.	MARRIE WIDOWE OSPITAL, NURSING HOME O	Land Land	Prince Geor	ge's	M F BUSINESS OF
ours of the period of the peri	Camp Springs	Malcolm	Grow Medical veresidence before admission)		Housewife	N.	/A
thin 24 h	Maryland Pr	ince George	Ft. Washingto	136 INSIDE CITY LIMITS?  1YES IN O   15 MOTHER'S MAIDEN NA	905 Tuckaway T		744
E, MARY uted with complete loand 2	John  John  John	MIDDLE	Taylor  Social Security No.	Mabel 17 INFORMANT	V . ADDRESS	Ty	ler
TIMORE  TO See execute on and of see secute or and of see secute or and secute or and secure or and secute or and se		YES CIVE WAR OR DATES!	036-37-7970	Clyde W. App	legate Ft. Wash		
d ST., BAL certificate ng physicii banpaper remaval.	PART I. DE ATH WAS	nter only one couse per lin CAUSED BY: CAUSE (b)	ARDIO RESPIRA	TORY ARREST		APPROXI BETWEEN (	MATE INTERVAL ONSET AND DEATH
201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 es that the death certificate be executed within 24 hours that the attending physician and completely filled in by the removal.  The times corban papers. Pages Land 2 should be fill the removal.	Conditions, if ony, wh gave rise to immedi couse (a), stating underlying cause to	ote the DUE TO, OR A	AS A CONSEQUENCE OF ETASTATTC ADE	NOCARCINOMA O	F COLON		
w requires the bear and any little of any li	PART 2 OTHER SIGNIFICATION	1000	NTRIBUTING TO DEATH BUT			GIVEN IN PART 110	NGS USED

CERTIFI 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE, FARM, ETC )

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

CITY OF TOWN

consopinian death accurred on the date and hour and from the causes stated

NOT WHILE  211 LOCATION

COUNTY

saw the deceased alive on above, (4) (we) (did) (did no not) view the bady after death

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

22¢ DATE SIGNED 11 July 57

STATE

WW.USAF MED CTR JMACT 22e ADDRESS ANDREWS AFB. WASHINGTON, D.C. 20321

238 LOCATION

230 BURIAL, CREMATION, REMOVA (SPBurial

23¢ NAME OF CEMETERY OR CREMATORY Lincoln Memorial Cem.

DEGREE

Suitland P.G. Maryland

24 FUNERAL DIRECTOR

George P. Kalas Funeral Home

7/15/87

6160 0xon Hill Rd. 250. DATE Oxon Hill, Md.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE Adia Tinder Parton

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If them 21 is marked ar Item

of Health

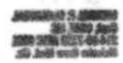
should be detached with the State Dept.

certificate has burial-transit per and Mental Hygiene

TO FUNERAL DIRECTOR.

BP

ng physician.



the said was the state of the of the said

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2 HOURS AFTER DEATH. EXECUTE THE CERTIFICATE, WRITING THE WORD." PENDING" IN PENCIL IN 18. GIVE PAGES 1, 2 PAGE 4 STHOULD BE TORWARDED TO THE CHIEF MEDICAL EXAMINER. ONG WITH FORM PM. 3 TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURN TRANSIT SMIT PAGES 1 AND A REFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND JENNISON OF WITH BALTIMORE, MARYLAND, 21201 PRIOR TO BURNAL, CREMATION OF HEALTH

BP.

**DHMH - 17** 

(VR A15 ME (5))

07/B4 25M

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF BEATH

RED NO.

	I-DEC	CEASED NAME	FIRST		WIDDLE			LAST			20 DATE KNO	WN TO MO	ONTH	DAY Y	YEAR	26 HOUR
	(TYPE	E OR PRINT)	Sharon		Denis	e	P	raoye	2	7.	OF EST		7/	15/19	87	AA
	3 SEX		4 RACE	5 DATE OF BIRTH		AGE (IN YEA	RS IF UN	IDER I YR.	IF UNDER	24 HRS.	2c DATE	MO	NTH		YEAR	24 HOUR
	Fer	nale	Black	MONTH DAY	61	26 YR		DAYS	HOURS	MIN	PRONOUNCED DE AD		7/	15/19	0.5	a M
7	7a_811	RTHPLACE (5)		76 CITIZEN OF WH			2	-5			9 BALTIMORE	CITY OR CO	OUNT			u M
1		REIGN COUNTRY)	on,D.C.	USA			WIDOW	ED X NE	VER MARR DIVORC		Prince	Cerc	oge !	e Coi	ints	7
		TY OR TOWN		11. NAME OF HOSE	PITAL NURS	ING HOME	B B				JAL OCCUPATION	N (TYPE OF W	VORK II	25 KIND	OF BUS	INESS
7		Cheve	-	Prince G	eorge	s Gen	eral			FOR /	m Devel	IFE)		OR IN	DUSTRY	Y
-	USUA 130 ST		(IF IN NURSING HOME OR		13c. CITY O		N)	13d. INSIDE C	ITV I IMITCO		EET ADDRESS	- Property		21	1-20	クーフ
1	.50	Md	•	149		erdale	2	YES X	NO 🗌	1	39 64th	Arron	10	20	/	5/
7	14. FA	THER'S NAME						IS. MOTH	ER'S MAIDE			AVEIL	16			-
	Ro	ger		MIDDLE	Burke	ST			rilla		MIDDLE	De	20 +1	LAST		
7	16a. W	AS DECEASED	EVER IN U.S. ARM	ED FORCES?		L SECURITY	NO.	17. INFOR			AC	DRESS	ooth	1		
	IN IN	5. NO, OR UNKNO	WN) (IF YES, GIVE W	AR OR DATES)	Unk	nown		Mre	TJ-1	1 a B	urte/mo	ther/1	1210	) Ken	hed	v St
		18 CALISE O	F DEATH (Enter only	one cours nor line			17+ir									
		PARTIDE		BY:									DAT.	St. WEEK	UNISET A	AND DEATH
	7	2.4%	IMMEDIATE	( DUE TO, OR				ilius C	TOV	ver r	XCCENT	res		-		
١		Canditia	ns, if any, which	BOL 10, 5K	10 71 001101	. OOLINGE C	/1							17		
J			se to immediate stating the under-	DUE TO, OR	100016	OUENIES O								-		
		lying cau		DUE TO, OR	45 A CONSE	GUENCE	)}									
		AARY A AYHER CL		(c)												
	Z	PART Z UTHER SI	GNIFICANT CONDITIONS CO	DULKIRGIING TO DEVIN B	UI NOT KELATEL	TO THE TERMI	NAL DISEASE	OR CONDITIO	N GIVEN IN PA	RT 1 lo.						
7	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	196 CONDIT	ION FOR WI	HICH OPERA	ATION W	AS PERFOR	MED?					20 AUTO	OPSY?	
1	FIC	5.33												YES	1	NO []
-	ERT	210 EXTERNA	L CAUSE WAS	21b. TIME OF			21c HC	OW INJURY	OCCURRE	D (ENTER!	NATURE OF INJURY IN	ITEM IB BART I	OR PART		77.7	
3	ALC	UNDERLYING	OR OR OF DI	HOUR A.M.							elf und	er inf	tlue	ence	of	PCP-
1	DIC	21d INJURY C		216 PLACE O			ISIIC I	ot by	botte	<u>e.</u>	-					
	A	WHILE	NOT WHILE		DRY, FARM, ETC.			TREET	C 142	7.200	CITY OR TOWN	o I o box	COUN			STATE
		AT WORK	AI WORK	house	anu s	<u>uteet</u>			0411	1 Ave	., Rive	Luare,	, PI	GeO	• 1	Ma.
	100	22a. I certif	y that I taak charge	of the remains desc	riben strave	held an	Autap	sy X.	Inspection	n [],	Inquiry	and in r	my apır	nian		
	10	death resulte	ed from: / Natura	l causes	Agricult 1	1 /5w	cide	Нови	ido !	Undet	ermined manner	X,				
	03	ACTUAL	010001	early the	Xh.	dh	111		PECIFY)				ATE			
-		SIGNATURE.	ucu	cur p	Some	Juli	100	d'ASS	istan	t_MED	ICAL EXAMINER	S	ATE	7/]	16/8	37
2		EXAMINER'S	NAME							77 -	0.1					
1		(TYPE OR PRIN	AT)Liter	nnis F. S	AND DESCRIPTION OF THE PARTY OF	M.D.		ADDRESS_			enn St.					
	23a.BL	JRIAL, CREMAT	rial	7-23-87		ME OF CEM			ORY		OCATION OR TOWN		COUNT	Y	STAT	rE .
	0.4 51			. 23-07	F	t. Lir	ICOL				Brentwa	100	M	id.		
	24. FU	NERAL DIRECT	hn T. Rhi	nes Cous	3015 1	2th Si	t. N.	E.	250. DATE I	REC'D. BY	REGISTRAN	GEGISTRA				
			ח.	C. 20011					201	- 01	190/ 9	ulea dia	indes	m. Ran	dalk	



-	-REGISTRAR		MEL	ICAL EXAMINER'S		OF DEATH PIEC NO.	
	ECEASED NAME	1967. 9		#BBB	CASE	IN DATE KNOWN (X W	ONTH DAY TEAK 25 HOU
		VIN		SCOIT ARMWOO	the same of the sa		5-12-87
2.50	Male Blad	cl DAI	14-196	TEAM B. AGE (POTENES   IF U	INDER I TR. IF LINDS	R 24 HRS 21 DATE MILL PRONOUNCED	Ja Hou
A 72.1	BIRTHPLACE (MATEON	7h. CIT	TIZEN OF WH	AT COMMENTS IN		A BAITMORE CITY OF C	
)	N.C.			MAR	RIED NEVER MAR	CED Prince Georg	
10,0	CITY OR TOWN OF DE		AME OF HOSE	ITAL NURSING HOME, OR OT		13s. USUAL OCCUPATION (THEORY	YOR 125 KIND OF BUSINESS
1.00	Cheverly	Pri	ince Ge	eorge's Co. Hos	spital	Construction Wor	None None
(Ja.	Md	P.G.	SETTIUTION OW	Landover	THE WESTER CITY LIMITS IN THE YES X NO [	7416 Hawthorn St.	20784
1	Wiley Jame			CAST	Doris 1	Holms	LAST
160	WAS DECEASED EVE	R IN U.S. ARMED FO		169. SOCIAL SECURITY NO.	IJ. INFORMANT	ADDRESS	
	No	No		241-25-0253	Mife, De	1 phine, Same as Al	oove
	Conditions, if gates rise to couse (a) statis	any, which immediate ag the under	(b)	AS A CONSEQUENCE OF D.Y. AS A CONSEQUENCE OF	septicemia (8	-hemolytic streptococc	1 Group F)
NO	gave rise to couse (a) states lying couse last PART 7 OTHER SIGNIFICA	crity, which immediate ing the under	(6) DUE TO, OW A				(1 Group F)
HCATION	gave rise to couse (a) states lying couse last PART 7 OTHER SIGNIFICA	any, which immediate as the under-	(6)	AS A CONSEQUENCE OF	ASE OR CONDITION GIVEN IN A		20. AUTOPSY?
CALCERTIFICATION	PART 7 DIRECTIONS TO STATE OF OPER TILL EXTERNAL CALL	any, which immediate in the under-	DUE TO, ON A (C)  TIME TO DEATH B  THE CONDITI	AS A CONSEQUENCE OF BIT NOT BELATED TO THE TERMINAL DISEA ON FOR WHICH OPERATION V	ASE OR CONDITION GIVEN IN A WAS PERFORMED?		20. AUTOPSY? YES ☑ NO □
MEDICAL CERTIFICATION	PART 7 DIRECTIONS TO STATE OF OPER TILL EXTERNAL CALL	CAUSE OF DEATH	(6) DUE TO, OR A (6) TING TO BEATH BE THE CONDITY THE CONDITY THE TIME OF HOUR A.M. F.M. THE PLACE O	ON FOR WHICH OPERATION VIOLENCE DAY MONTH, DAY YEAR	ASE OR CONDITION GIVEN IN A WAS PERFORMED?	PART 1 Tel:	20. AUTOPSY? YES ☑ NO □
MEDICAL	PART 7 OTHER SIGNANCE  THE DATE OF OPER  THE EXTERNAL CAL  UNDERLYING CONTRIBUTING [2]  THE INJURY OCCU	CATION  USE WAS  OR  CAUSE OF DEATH  READ Charge of the  MOTHER  John  REMOVAL 1316 DATE	THE TIME OF HOUR AM. THE TIME OF HOUR AM. THE PLACE OF MEETING OF SECTION OF	IT NOT BLATED TO THE TERMINAL DISTA  ON FOR WHICH OPERATION Y  INJURY MONTH DAY YEAR  I'M FINJURY (AT HOME. 21H. 10  Auto  Accident Suicide   Mialek, M.D.  [13c NAME OF CEMETERY.]	WAS PERFORMED?  HOW INJURY OCCURS  OCATION STREET  Hormicide  TITLE (SPECIFY)  M.D. Chief  ADDRESS.  OR CREMATORY	CITY OR FOWN  Undertermined manner	20 AUTOPSYP YES M NO C COUNTY STATE my opinion  DATE 6-13-87

(VRA 15, 4)

#### STATE OF MARYLAND

97,684	TAIL	DEPART	MENT OF HEALTH AND MEN' CERTIFICATE OF DEAT	2.4	2 1 1 1	1
	DECEASED NAME FIRST (TYPE OR PRINT) NOLEN	MIDDLE V.		Sr. JULY 27	7, 1987	26 HOUR AM 10 M
0 510	MALE	BLACK	5. DATE OF BIRTH  MONTH  BAY  2	1921 66	YRS DATE	
2000	BIRTHPLACE (STATEOR FOREIGN COUNTRY)  Kentucky	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARR	Princ	or COUNTY OF DEATH e George	MD.
00	Upper Marlboro		rton Street	ION 120 USUAL OCCUPA	TION OF WORKING LIFE) INDUSTRY  ary	Govern
35	ISUAL RESIDENCE (IF NURSING HOME OF BOTTOM 136 COLUMN PORTION		Marlb 13d. INSIDE CITY L	□ 12107 H	s/ziP CODE	±/20772
160	Riley Riley	MIDDLE Bai:	Ley Eu	la MIDDLE		Henderson
19/	(YES, NOT PENKNOWN)	TIT 402 28	0329 Vernet	ta W. Bailey	/12107 Hun	teres &
orion to the common	Canditions, if ony, which gove rise to immediate couse 101, stating the underlying cause last  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH			NDITION GIVEN IN PART 1  20b. IF YES, WERE FIND IN CERTIFYING CAUSE	DINGS USED
rtificate ol-tronsi tal Hyg m 18 sh	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D		YES NO	JURY IN ITEM 18 PART I OR PART 2)	NO 🗌
ked or the	(IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME STREET FACTORY, OFFICE	211. LOCATION	CITY OR	town county	STATE
ith the State Dept of Health	220.1 certify that (I) (this hosping saw the deceased alive an	T. Wand	DEGREE ATTEN PHYS	apinian deoth accurred an the	AFF 22c. DAT	that (II (we) last the causes stated IE SIGNED
7 3 5	BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OF CREM 7 Arlington	Nat.   23d LOCATION CITY OR TOWN Arli	ngton Trl	• STATE VA
	24. FUNERAL DIRECTOR	H/7474 Landov		250 DATE REC'D. BY REGISTRA		

Front to be dearly 111 De leave to the last Single to toward a suffer that a commence of the

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		2	3	6
()		3		8
REG. NO.	1	0		
REG NO.				

	1.	FOR STATE			DEPARTA		IEALTH AND MENTAL HYG	IENE 2	1 1	1 8		
21	- 87	REGISTRAR EASED NAME	FIRST		MIDDLE		AST	REG. NO		YEAR 2		_
-	100	OR PRINTI							MONIH DAT	TEAR 7	HOUR 1	P
	-		Edwin			Ва			87		- 0 0	M
	3, 5E)			4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	MONTH MONTH		UNGER 24 HRS	-
		rale		Caucas	ian	Febru		60	YRS.			
7		RTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
	Wa	ishington.	D.C.	USA		WIDOWE	_	Prince (	George's		M	D.
V	10 C1	TY OR TOWN OF D	EATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON 1:	2b. KIND OF E	BUSINESS OF	Į.
)		ieverly		23 Cher	erly Circ	cle		Architect		old En	nl que	1
-	13a. S	AL RESIDENCE (IF NO	13b. COU		GIVE RESIDENCE BEFORE		1 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	0-0	, January C.	
5	Ma	vruland	Pr.	Geo.	Cheverly		YES NO		Lu Circl	e. 207	185	
A	14. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	- A.C.	1467		
1		Robert		C.	Ball		Alice	Mibale	Mar	chand		
1		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			7	_
	Ye		W		579-24-2	888	Dorothy Ball	wike Sar	ne as 13			
					line far (a), (b), and	d (c .)	- 1. 1			APPROXIMA BETWEEN ONS	TE INTERVAL	
		PART I. DEATH		D BY: TE CAUSE (a)	Mule	ente	sur Wel	and we	- 1	41	out	لم
		11/2010			R AS A CONSEQUE	NCE OF				6.7		
		Canditians, if an	y, which	( (b)_	N AS A CONSCOOL							
		gave rise to in cause (a), stat			R AS A CONSEQUE	NCE OF	-4-21180-9		14-15	- 2	- 11	
П		underlying cau	se last.	(6)								
	20	PART 2 OTHER SIG	GNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	OITION GIVEN I	V PART Ita		=
	CERTIFICATION											
1	ICA	19a DATE OF OPER	MOITA	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE			
	RIF							YES NO	YES		NO 🗌	
9	3	OR CONTRIBUTING	L-1	21b. TIME C	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)		
	S	(IF EITHER NOTIFY ME	and a		M.	19			12.7			
	VEDI	214 INJURY OCCU		21e PLACE	OF INJURY	ARM FTC 1	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	~	AT WORK AT W	WHILE ORK					10				
		22a I certify that		1 10 6	101	OU.	mc 19.57		7	the	ot (Ove) las	1
		saw the deced	ased alive or	the bady	atter death	, &,	nd that in (my) (our) apinian	death accur	he and haur and	from the car	uses stated	
		226. SIGNATURE	1				DEGREE			22c. DATE S10	GNED	_
			Di	Mo			ATTENDING PHYSICIAN &	MEDICAL STAF		7-2	0-87	/
1		224 PHYSICIAN'S	NAME LTYPE C	PRINT)			22e ADDRESS	Gro	enbelt.	Md.	1	
		Kober	+7	. Ger	win,	MD	7500 H	a hover 1	KWY	# 20	1	
		URIAL, CREMATION	, REMOVAL			IAME OF C	EMETERY OR CREMATORY	23d LOCATION		LANT V	64.44	=
	B	wrial		July 2	1.1987 DA	uid I	Ridge Cemetery		Baltimo	no Man	uland	
	24 FL	JNERAL DIRECTOR	Franc	is J. Co	llins, Ir		25a. DAT	E REC'D. BY REGISTRAR		SSIGNATUR	E	
		0 Univers					, Md. 20901 + 111	1 22 1097	Julia Da	winn. K	andass	

DHMH - 16 60M 7/84 (VRA 15, 4)

Tobers   The General   Structure   Struc	DOSE	July 17, 1987	530	r.	(0.0)	10
Prince George's  Neverly Esthering Circle  Nauthout Paint Series  Nauthout Paint Circle  Nate C. Sait Clies  Solent C. Sait C. Sait Clies  Solent C. Sait C. Sait Clies  Solent C. Sait C. Sait C. Sait C. Sait Clies  Solent C. Sait C.	PI	25	1991 's figur	dei mile	Самс	23224
Polent Pr. Nev. Chevenly 23 Chevarly Cinete 27725  Polent C. Ball (Rice Vanelard  es 84 T1 579-21-248 Ponocky Rall Pill Same at 13						, not put the sec
Fobens C. Gall Relace Charles  es 6: T1 579-21-218 Panchy Eals Elif Same as 13   esemble Elifabeth Eli	union 41	Architect rase		thania li anno	25 Ch	Cheverty
es en	6,400	22 Cinearth Cinear		Chapas, Ly	PA. Rea.	Line want
	1000	2421	40,01	°15i		6.0
	n nie			April Ball		
Care spherit, May May						
L dil , Sindre 220						
L. Mr. Markette Committee and						
Caronballa, Man						
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		Carepbelle				
Auricl July 11 1957 Druid Kiden Ceretern 1 ad a da a da a da a da a da a da a d		Carepbelle				

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FOR STATE REGISTRAR

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

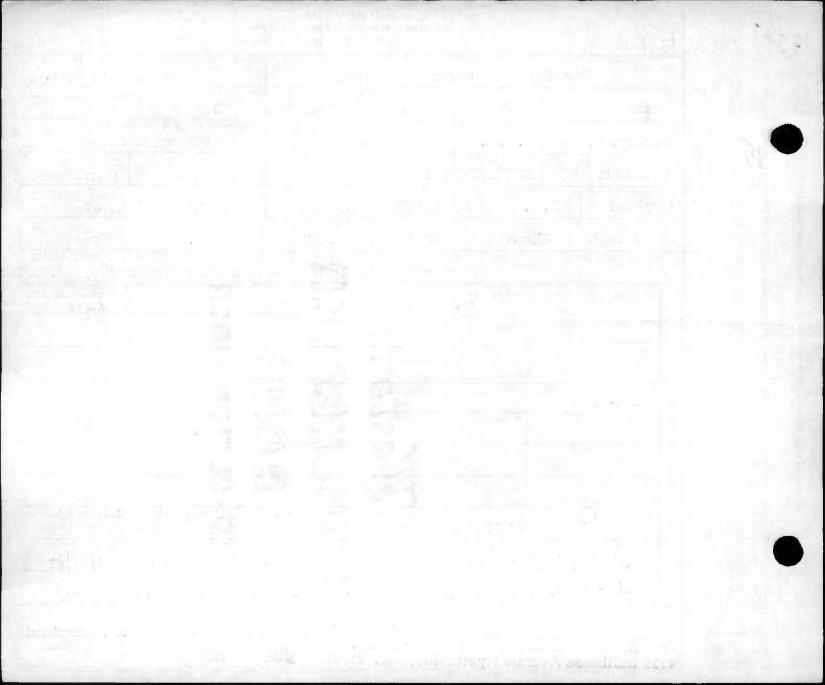
	STATE OF MARYLAND	
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	1
_		_

DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	REG. 1	2	CTANA		9
	LAST	20. DATE OF	DEATH	MONTH	DAY	YEAR	2b.
es	Barrett			٦	11	87	0

	OR PRINT)		Graves B	arrett	20. DATE OF DEATH MONT	H DAY YEAR 26. HOUR
3. SEX Fer		4 RACE White		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HE MONTHS DAYS HOURS MILL
Was	Shington, D	C U.S.A	• WIDOV	IED NEVER MARRIED D	Prince Georg	ge's County
Ну	TY OR TOWN OF DEATH	5009™50	HOSPITAL, NURSING HOME CHEACILITY CIVE STREET ADDRESS) 6th Place		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Housewife	IZE KIND OF BUSINESS OF INDUSTRY  OWN Home
Mai		HOME OR OTHER INSTITUTION	130 CITY OR JOWN Hyattsville	YES NO	130 STREET ADDRESS / ZIP 5009 56th Pl	ace 20781
14 FA	Jöseph	Eĭburn	Burroughs		MIDDLE.	Graves
No	VAS DECEASED EVER IN ( YES, NO OR UNKNOWN) (1)	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO 217-24-4888			806 Coopers Land yattsville, Md. 2
	PART I. DEATH WAS	Enter anly ane couse pe CAUSED BY: MEDIATE CAUSE (a)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT		
		ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE COPD  DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED				
FICATION		CANT CONDITIONS C			200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
CAL CERTIFICATION	COPD	CANT CONDITIONS C  N 196 COND  YING 216 TIME C  SE OF DEATH	DITION FOR WHICH OPERAT	ION WAS PERFORMED  21c HOW INJURY OCCUR	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
MEDICAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE	CANT CONDITIONS C  N 19b COND  YING 21b TIME C  SE OF DEATH EXAMINER) P  21e PLACE (AT HOME SI	DITION FOR WHICH OPERAT DF INJURY M. MONTH DAY YEA	ION WAS PERFORMED  R  21c HOW INJURY OCCUR	200 AUTOPSY?   20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF ETHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 10 11 th sow the deceased	CANT CONDITIONS C  N 19b. COND  YING	DITION FOR WHICH OPERAT  OF INJURY  OF INJURY  REET, FACTORY, OFFICE, FARM, ETC.)  The deceased from 19	216 HOW INJURY OCCUR	200 AUTOPSY? 20b YES NOTE RED (ENTER NATURE OF INJURY IN II) CHTY OR TOWN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO CERTIFY NO CERTIFY NO CERTIFY NO COUNTY STATE  COUNTY STATE  19 thou (we) Indiduced the causes stated no certify no certification no cer
	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF ETHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 10 11 th sow the deceased	VING   21b. TIME ( HOUR A EXAMINER)   21e PLACE (AT HOME ST  Is hospital) attended to	DITION FOR WHICH OPERAT  OF INJURY  OF INJURY  REET, FACTORY, OFFICE, FARM, ETC.)  The deceased from 19	216 HOW INJURY OCCURING 216 LOCATION STREET 217 LOCATION COURT OF THE PROPERTY	200 AUTOPSY? 20b YES NOTE RED (ENTER NATURE OF INJURY IN II) CHTY OR TOWN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO SEEM 18 PART   OR PART 2)  COUNTY STATE  19 thou (we) 1  22c. DATE SIGNED
	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF ETHER NOTIFY MEDICAL IT ALL WORK NOT WHILE ALL WORK  220. 1 certify the (1) th sow the deceased of the series of the s	CANT CONDITIONS C  N 19b COND  YING   21b TIME C HOUR A EXAMINER) P  21e PLACE (AT HOME ST  Is hospital) attended to blive an end of twice the bad.	DITION FOR WHICH OPERAT  OF INJURY  OF INJURY  REET, FACTORY, OFFICE, FARM, ETC.)  The deceased from 19	216 HOW INJURY OCCURING 216 LOCATION STREET 217 LOCATION COURT OF THE PROPERTY	200 AUTOPSY?  YES NOT	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO SEEM 18 PART   OR PART 2)  COUNTY STATE  19 thou (we) 1  22c. DATE SIGNED

DHMH - 16 60M 7/84 \_ (VRA 15, 4)

BP.



executed

death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires retained by the hospital or attending physicion.

06090

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	DECEASED FIRST				REG. N		
(IX	DECEASE FIRST YPE OR PRE	MIDDLE	R	ST C	20 DATE OF DEATH	MONTH DAY	Zb HOLLA
2.5	SEX SEX	K.	5. DATE O	SIE	A. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	I VE AD JE HINDER 2
3 3	Female	Caucasian		per 15, 1916	70	MON1H5	DAYS HOURS
70.	BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	8.		9 BALTIMORE CITY O	YRS PR COUNTY OF DEA	TH
50	Vest Virginia	USA		NEVER MARRIED	Prince Ge		
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	WIDOWEL		12a USUAL OCCUPATI		IND OF BUSINES
Q H	Hyattsville /	(15 NOT IN SUCH FACILITY, GIVE STREET CARROLL MANO	ADDRESS)	K OTTEK INSTITUTION	hous evide		
55 N	Maryland Mont	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13L CITY OR TOWN SILVER S	VN 1	13d. INSIDE CITY LIMITS? YES NO X		zip code Las Avenu	20901
5/1)	FATHER'S NAME FIRST Zaz harias	MIDDLE Kapptrna	401	15. MOTHER'S MAIDEN NA	WE	V = 0 =	LAST
15 160	WAS DECEASED EVER IN U.S. AR			Anna 17 INFORMANT	ADDRE	SS Kaco	geras
1	(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)			Palland band		1 2
-	no	200-07-	2858	George A. Ba	see/nusbana		
	18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b) and BY:	nd ic	1	1	BE	APPROXIMATE INTERV.
		TE CAUSE (o)	-/Cel	property of	resp		
		DUE TO, OR ASIA CONSEQU	FLICE OF	/ 0/	10	1	1 1
	Conditions, if ony, which	1 Statemese		And with	sayor / lise	He L	leaus.
	gove rise to immediate	A Post Con	, 40   -0	1. 10 1.	(/ 1/1- /		10/2
	couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF				
	underlying couse lost	(c)			A SALES		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	ART 1:0
NO O	Cerebro, psul	m Disense.					
F	19e DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE I	
4 2						IN CERTIFYING CA	AUSES OF DEATH
CERTIFICATION		216. TIME OF INJURY	- 55			YES	
U	210. ACCIDENT WAS UNDERLYING			The House belling a course	YES NOL		NO 🗌
/ /	OR COLUMNIA TO CAUSE OF DE	LICHE A LA MONITUL D	AY YEAR	21c. HOW INJURY OCCURE			
MIS	OR COLUMNIA TO CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE			
EDICAL	OR COLUMNIA TO CAUSE OF DE	HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY	19	211 LOCATION	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PA	ART 2)
MEDICAL	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED	HOUR A.M. MONTH D P.M.	19			RY IN ITEM 18 PART I OR P.	ART 2)
MEDICAL	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	ATH HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	FARM ETC)	211 LOCATION	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PA	ART 2)
MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHS MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hosp.	HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 1)	FARM ETC) April	2H LOCATION STREET	CITY OR TO	WN COU	ART 2)
MEDICAL	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 1)  11th Ottended the deceased from	FARM ETC) April	211 LOCATION	CITY OR TO	WN COU	ART 2)
MEDICAL	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTHS MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that (1) (this hopp sow the degreesed alive de	HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 1)  11th Ottended the deceased from	FARM ETC)  Again	2H LOCATION STREET	CITY OR TO	wn COU	ART 2)
MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDIC AL EXAMINE)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hosp sow the degeosed alive do	HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 1)  11th Ottended the deceased from	FARM ETC)  Again	211 LOCATION STREET  2 19 d that in (my) (our) opinion of	CITY OR TO	wn COU	NTY 51A
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDIC ALEXAMINE)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp sow the degeosed alive do	HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 1)  11th Ottended the deceosed from 19	FARM ETC)  Again	211 LOCATION STREET  2 19 d that in (my) (our) opinion of the control of the cont	CITY OR TO	wn COU	NTY 51A
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDIC AL EXAMINE)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hosp sow the degeosed alive do	HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 1)  11th Ottended the deceosed from 19	FARM ETC)  Again	211 LOCATION STREET  2 19 d that in (my) (our) opinion of	CITY OR TO	wn COU	NTY 51A
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DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

FOR

- STATE

15200025

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	. 1	- 2	hos
E-RE	G. NO.		

			EASED NAME FI	RST	WIDDLE	LAST	9	20 DATE KNOW	NN K MONTH	DAY YEAR	26 HOUR
	Name Well			RENT CLAR	C P	AUER		OF EST DEATH MAT	ED 0 7-1	8-879	M
	ASESE ASESE	3.5EX		5 DATE OF BIRTH	6. AGE (IN YE	ARS IF UNDER 1			MONTH	DAY YEAR	2 CONTINUE
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	日本の計画		ETHPLACE (MATEON	76 CITIZEN OF WI	HAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
	SAN SAN		Maryland	USA		WIDOWED [		□ Prince (	George's	County	MD
	A PRESIDENT		TY OR TOWN OF DEATH		PITAL, NURSING HOM	OR OTHER INS	TITUTION 120	USUAL OCCUPATIO	N (TYPE OF WORK	OR INDUST	SINESS
	역당구품시 1		Cheverly	Prince	e george's	Co. Hosp	ital	Delivery n			ppli-
10	RETAIN HOULD B RECORD	13a S	L RESIDENCE (IF IN NURSING	HOME OR OTHER INSTITUTION, GE COUNTY	VE RESIDENCE BEFORE ADMISS 13¢. CITY OR TOWN	ON) 13d IN	SIDE CITY LIMITS? 13e	STREET ADDRESS			
212	A A E DE	Man	yland Prin	ce George	Upper Mar			2106 Hunte	rton St	reet 20	772
8	1. II.	14. FA	THER'S NAME	MIDDLE	LAST	15. MC	OTHER'S MAIDEN N	AME		LAST	
E,	LEST A		Bruce	C. Bauer	*****	13%	Brend			LAST	
Q	PAGE FORM ON ON		AS DECEASED EVER IN U.	S. ARMED FORCES?	16b. SOCIAL SECURIT	Y NO. 17. INF	ORMANT		DRESS		
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EST	7 TO 1		Conditions, if any,		AS A CONSEQUENCE	OF					
E.	€ G B S Z Z	-	gave rise to imme	ediate / (b)							
8	Par of		couse (a) stating the u lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF					
8	8. 3496			(c)							
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Ö	を引用の減らし	Ö					URY OCCURRED (E)	NTER NATURE OF INJURY IN	ITEM 18 PART 1 OR P.	ART 2)	
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	ATE, WATE, WORWA ORWA PR: PAC		22a. I certify that L	and the land of the	cribed above, helden	Autopsy D	Inspection	Inquiry .	ond in my a		
		7	( - m) / m	XII	Fr. / /			,	Ond in my d	pinion	
	AM REC REC ATTH		death resulted from:	7	Accident LA			ndetermined manner	L.,		
	200307.8		ACTUAL X	17 M111	elle 1		LE (SPECIFY)		DATE	7-18-	07
	ZHY WENT		SIGNATURE	101 You	Uq	2M.D. Ct	iler	MEDICAL EXAMINER	SIGN	ED	-8/
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PACE A SHOULD BE FOR TO FUNERAL DIRECT AFTER DEATH WITH THE BALTIMORE, MARYLAI		EXAMINER'S NAME (TYPE OR PRINT)	John E. Smi	alek, M.D.	ADDRE	ss_ 111 P€	enn Street			
	5XX5FX	23o. B	JRIAL, CREMATION, REMO	VAL 23b. DATE	23c. NAME OF CE			d LOCATION		INTY ST	ATE
7/84	BP	15	Burial	July 21. 1	.987 Ft. Lin	coln Cer	neterv	Brentwood			AIT
25M			INERAL DIRECTOR		00 Annapol:			D. BY REGISTRAR 250	REGISTRAR'S	SICALITATION	LSo
	DHMH - 17 (VR A15 ME (5))	B	eall Funeral		wie, Maryla		JUL	2 / 1981	100		
					many June July				Contract of the Contract of th		

DECIMO OF STREET STREET July 21, 1907 Mt. Lincoln Centrary | Department, Maryline A STATE OF STREET, SOUTH AND A LAND A

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 20 DATE KNOWN 2h HOUR HYPE OR PRINT) ESTI-OF DEATH MATED 19 6 AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED DEAD MARRIED X NEVER MARRIED lew Jersey WIDOWED [ DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS urse rivate In STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS FATHER'S NAME MIDDLE MIDDLE Singleton WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT I (IF YES, GIVE WAR OR DATES) 579-58-6001 18. CAUSE OF DEATH (Enter only one cause perfline for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSS BUE TO AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to OF HEALTH 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 22a. I certify that I took charge of the remain and chard above, held on Autopsy Inspection and in my opinion death resulted Irpm-Accident Suicide Hamicide .... Undetermined manner Natural causes ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Rodriguez, M.D. 5009 Rayburn Ct , Temple Hills, MI 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION 231 NAME OF CEMETERY OR CREMATOR 07 B4

DHMH - 17 (VR A15 ME (5))

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(VR AT5 ME (5))

George Willey I freschieberg With ME District Run Colman The Mallege They was

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requires that the death certificate be executed

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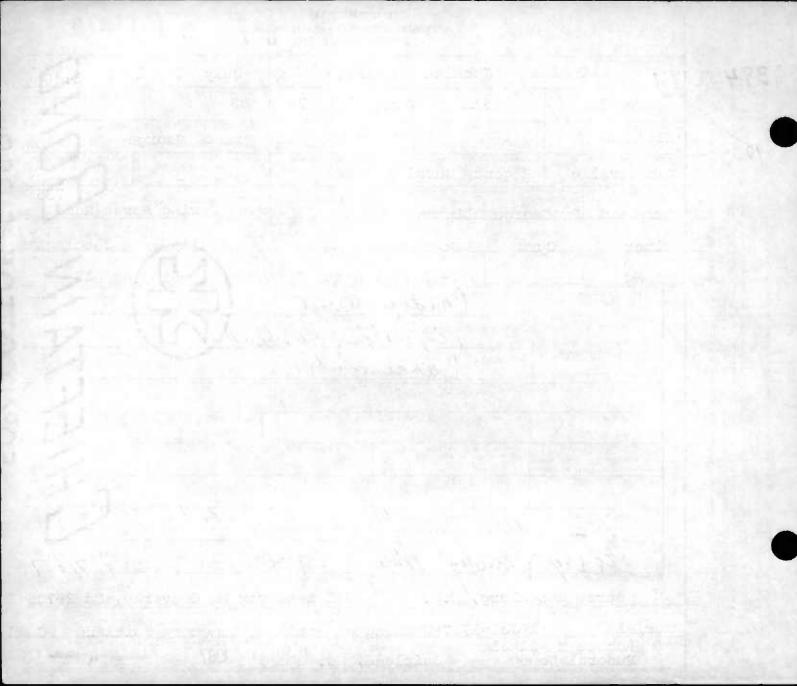
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-
CERTIFICATE OF DEATH	1

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6-10			

	1-	STATE REGISTRAR		DEPART		ICATE OF DEATH	S REC	2 3. NO	line	
4 111		EASED NAME	Thelma	Juanita	В	eltz	July	7 <b>7</b>	1987	3:40 M
rs ofter e	3 SEX	Female		White		DF BIRTH 21 DAY 1907 AR	80	ST BIRTHDAY)	MONTHS DATE	HOURS MIN.
31	Ic	THPLACE (STATE OF PURITY OF STATE OF ST		USA	WIDOWI		Prince			MD.
90	Fo	restvil	le Ré	ME OF HOSPITAL, NURSIN OT INSUCH FACILITY OVER STREET GENCY NUTS	ing		120 USUAL OCCU (TYPE OF WORK FOR M Homema)	OST OF WORKIN	IG LIFE) INDUSTRY	OF BUSINESS OR
dollar th	Ma Si	rvland	13b COUNTY Pr Geor	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	9008 Sp	ss / ZIP Co	ODE	20735
Olegoning 23	E	HERS NAME FIRST  LMET AS DECEASED EVE	MIDDLE  Cyrus  ER IN U.S. ARMED FO			15. MOTHER'S MAIDEN NA FIRST  Emma  17. INFORMANT	Este		Co	ttingham
ors. Poges	(41	NO (NO OR UNKNOWN)	(IF YES GIVE WAR OR	579-62	-9267	Betty J S			ne as #:	
bod be be		PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUS	E (0)	lion	Orrest			BETWEEN	XIMATE INTERVAL LONSET AND DEATH
bý the out lose rener car sl, érem han o r other jamen		Conditions, if or gove rise to in couse (o), sto underlying cou	my, which mmediate ting the DU	E TO, OR AS A GINSEOUE  (b)  E TO, OR AS A GINSEOUE	ne	mulis	lend			
Then ple Then ple r ta burre injury, a	NOI	PART 2 OTHER SI	GNIFICANT CONDITI	ONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR C	ONDITION	GIVEN IN PART 1	0
t permit iene prid	CERTIFICATION	90 DATE OF OPER	RATION 19b	CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO[	IN CEI	YES, WERE FINDI RTIFYING CAUSES YES [	NGS USED S OF DEATH?
certificate rial-trans ental Hyg		210 ACCIDENT WAS U OR CONTRIBUTING [ (IF EITHER NOTIFY ME	CAUSE OF DEATH	TIME OF INJURY DUR A.M. MONTH DA P.M.	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR PART 21	
fter this os the but the ord Mond Mond Mond Mond Mond Mond Mond Mon	W.	WHILE NOT	TA)	PLACE OF INJURY HOME, STREET, FACTORY OFFICE F	ARM, ETC.)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
CTOR: A d far use n of Healt n 21 is me		saw the dece		oded the deceased from		nd that in (my) (our) opinion	deoth occurred on the	ne date and	hour and from the	
NERAL DIREG be detoched e State Dept TANT: If frem		77h SIGNAPOS	rry X	nuly )	Mu	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN []	22c. DATE	7/87
should be deto with the State IMPORTANT: IF		Barı	ry Rosenl	perg, M.D.		6501 Land		Cheve	erly, Mo	d 20785
	230 BU	IRIAL, CREMATION PECIFY Irial				emetery or crematory gton Natio:	23d LOCATION CITY OR TOW		Suitlar	state
16 60M 7/B4 (A 15, 4)	24 FUI	Fune:	rt E Will ral Home	nelm ADDRESS		id, Md. 250 DA	L 1 3 1987	RAR 256 REC	SISTRAR'S SIGNA	TURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-4	87	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG		2	1 2	S
		CEASED NAME FIRST	MIDE	DLE	L	AST	20. DATE OF DEATH	MONTH D	DAY YEAR	2b. HOUR
	(1111	Otto	(nmr	n)	BEN	TELE	July 28	, 1987		10:10pm
	3. SE	x	4 RACE		5. DATE O		6 AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		ale	Caucasi	an	7	20° 1892	95	YRS.		
7	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	IAT COUNTRY?	8 MARRIET	NEVER MARRIED	9 BALTIMORE CIT	_		
	Sw:	itzerland	USA.		WIDOWE	DIVORCED [		George		MD.
3	L	anham	Doctors	Hospit	al of	Pr. Geo. Co.	120 USUAL OCCUP (TYPE OF WORK FOR MC Retired	ST OF WORKING LIFE	126. KIND OF INDUSTRE	601 NE SOR Designe
5	13a. S	AL RESIDENCE (IF NURSING HON STATE 136 CO		RESIDENCE BEFORE  C. CITY OR TOW  Bowie	ADMISSION)	13d INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRES			20715
2	14. FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME	F	LAS	
0		Otto		Bente		Marianne		N	lussba	
1		VAS DECEASED EVER IN U.S.	ARMED FORCES? 16	SOCIAL SECU	RITY NO.	17 INFORMANT	AD	DRESS		
		no		064-09-4237 Marion Hastings same as						
)_	FICATION	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT CONDITIONS COMTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON  199. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  201. AUTOPSY?						EASE .	24	
$\leq$	CERTIFIC				O' EKATIO		YES   NO	IN CERTIFY	YING CAUSES	OF DEATH?
7	CAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A.M.	MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF	NJURY IN ITEM 18 PA	ART I OR PART 2)	
	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FA	ARM ETC }	211 LOCATION STREET	CITYO	RTOWN	COUNTY	STATE
		220.1 certify that (1) (this has aw the deceased alive above) have (did) (did)	an 8/28	19		d that in (my) (cor) opinion of	deoth occurred an th	e date and havi	and fram the	
1		22d. PHYSICIAN'S MAME	AND THE REAL PROPERTY.	-	M	ATTENDING PHYSICIAN PHYSICIAN 220 ADDRESS	MEDICAL S DIRECTOR PHY	SICIAN _	17/2	29/87
		Poherto De	petris M.D			14300 Gallant	For In	Bowie.	Md. 20	1715
,	(	BURIAL, CREMATION, REMOVE SPECIFY)  Cremation	7/30/	23c N	lto.W	emetery or crematory lash.Cremato	23d LOCATION DEY Laur		P°.G∙	Md.
84		Fleck Funera					3 1987		Januar.	
	_					7	, , , , , ,	4.5		•

DHMH - 16 60M 7/84 (VRA 15, 4)

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APPENDING EREPTONISHED DECEMBER OF THE

FOR	
CTATE	

74 FUNERAL DIRECTOR
NAME Capitol Funeral
Falls Church, Va.

Service

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	1	1	.)	6
REG. NO.	3	4	8.4	
				_

1 13 87	1 -	FOR STATE REGISTRAR	GIENE REG NO.	1 2 6		
59228		CEASED NAME FIRST PEARL	MIDDLE E.	BERRY	2ª DATE OF DEATH MONTH	04 87 7 21PM
ge 4 may	3. SEX	× Female	4. RACE Caucasian	5. DATE OF BIRTH  June 7, 1900	6. AGE (IN YEARS LAST BIRTHDAY)  87  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
n 72 hou	- 0	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED MORCED	9 BALTIMORE CITY OR COUNTY PRINCE GEORGES	
s after do by the fur iled with:	10 CI	CHEVERLY		G HOME OR OTHER INSTITUTION  ADDRESS! HOSPITAL CENTER	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOMEMAKET	126. KIND OF BUSINESS OR
MARYLAND 2120 red within 24 hours mpletely filled in by ond 2 shauld be file exominer must be re	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN est Virginia Gre			13e.STREET ADDRESS / ZIP CODE   Star Route #2	
MARYL, ed withir ond 2 sh exomine		ATHER'S NAME FIRST Benjamin	MIDDLE LAST Zickafoos	15. MOTHER'S MAIDEN NA FIRST Virginia	ME	(Unavailable)
BALTIMORE, cate be execut ysicion and coppers. Pages 1 wal. tt, the medical		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) [IF YES, GIV	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 232-32-3		ADDR521 Pa ant (dau) Bowie,	rk Dr.
ST., g ph ponp remo		PART I. DEATH WAS CAUSE	TE CAUSE (0)	morra		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  AREY
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requires th	NOI	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
AL RECC	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH?  S \( \text{NO}  \text{\text{\text{O}}} \)
DIVISION OF VITAL RECORDS, OUG PHYSICIAN: The low requirements of the this certificate in the new term of the ond Mental Hypers proper to orked or them 18 how entitled the orked or them 18 how entitled them.	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 I	PART I OR PART 2)
NG PHY offer this as the but thand M orked or	MED	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
ATTENDI ospitol or ECTOR. A rid for use of. of Heal		saw the decreased alive on	otol) ottended the deceased from	87, and that in (my) (per) opinion	death occurred on the date and have	that (I) (you) lost or and from the causes stated
by the h RAL DIR Getache State Dep		22d, PHYSICIAN'S NAME (TYPE O	of Phy	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DOTRECTOR PHYSICIAN	Inf 5 187
TO HOSPII etained b TO FUNER should be with the St		LEONARD APP	EL, MD	3231 SUPERIO	R LN #A7 BOWIE,	MD 20715
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		Wallace Memorial	23d LOCATION CITY OR TOWN Greenby	riar Co. W.Va.

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# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	2 1		2	1	
E OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
July	21,	1987			
(IN YEARS LAST BE		IF UNDE	RIYEAR	IF UNDER	24 HR
77	YRS	MÖNTHS	DAYS	MOURS	MIN

	Elizabeth	Agnes	Bio		
EX	4 RACE		5. DATE OF B	RTH	
Female	Cau	casian	June	7, 1910	
BIRTHPLACE (STATE	OR FOREIGN 76 CITIZEN	OF WHAT COUNTR	Y? 8	1	_

Virginia U.S.A. 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Southern Md. Hospital Center

Prince Georges TYPE OF WORK FOR MOST OF WORKING LIFE Printer

ADDRESS

9 BALTIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OR INDUSTRY Ret-Fed Govt.

WOUAL RESIDENCE (IF NURS	ING HOME C	POTHER INSTITUTION	GIVE RESIDENCE BEI	ORE ADMISSIO
13a STATE	13b COL	INTY	13c. CITY OR TO	NWC
Maryland	Pr.	Georges	Temple	Hills

Georges Temple Hills

13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE 4122 24th Avenue MIDDLE

Haves

Clinton

- STATE

JUL

William Raines

Sarah 17 INFORMANT Ethel

2a. DAT

6 AGE

Clark

CERTIFICATION

MEDICAL

579-12-0583

Franklin Biggs

Same as above #13a-e.

ine couse per line far (a), (b) and (c)	BETWEEN ONSET AND DEA
AUSE (0) Metastatic adeuscarciuma	6 montes
DUE TO, OR AS A CONSEQUENCE OF	
ib)	
DUE TO, OR AS A CONSEQUENCE OF	
1	DUE TO. OR AS A CONSEQUENCE OF

190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED					
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY				
214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION				

	YES [	) N	0				Υ	ES [	
D	(ENTER	NATURE	OF	INJURY	IN	ITEM	18	PART	

NOF OPPART 21

21c HOW INJURY OCCURR YEAR 19 211 LOCATION

CITY OR TOWN

WOR	K	AT WO!	RK	1			
a. 1 e	ertify	that (1)	(this I	nospital)	ottended	the decease	d from
		decease				6/21	19 5
0	bove, (	1) (well (c	b) (bit	d not vi	ew the bo	dy after dea	th.

and that in (my) (our) opinion death occurred on the date and have and from the causes stated

STATE

22b. SIGNATURE 22d PHYSICIAN

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

STAFF

Brentwood

		VV 1		ct on c	-
_					-
23n	BURIAL	CREMA	TION	REMOV	Δ

231 NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION

MPORTANT

Burial 24 FUNERAL DIRECTOR

(SPECIFY)

July 24,1987 Fort Lincoln Cemetery Lee Funeral Home, Inc.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

6633 Old Alexander Ferry Rd. Clinton, Md.

06052

page 3

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	DE	PARTMENT OF H	EALTH AND M		REG. NO	1 1	2	Ŏ,
JUL 2		ASED NAME FIRST	WIDDLE	1 1 1 1 1 1 1	AST			AONTH DAY	YEAR	26 HOUR
11/2/2	TYPE	ERPRINT)	JESSE B	LACKWELL			U.	7 18	87	11:30PM
	3. SE		4 RACE	5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRTH		INDER I YEAR	IF UNDER 24 HRS
		М	B 2	MONTE		YEAR	co	MON	THS! DAYS	HOURS MIN.
0	7n R1	RTHPLACE ESTATE OR FOREIGN	76. CITIZEN OF WHAT COU	03	19	19	68 9 BALTIMORE CITY OR	YRS	DEATH	
1//		COUNTRY)	W-	MARRIE	D X NEVER M		PRINCE GEO		DEATH	
5_/		.George'sIs.	U.S.A.	WIDOWE		ORCED	120 USUAL OCCUPATION		101 WIND O	F BUSINESS OR
14		HEVERLY	PRINCE GEORG	VE STREET ADDRESS)			(TYPE OF WORK FOR MOST OF Mechanic	WORKING LIFE)	INDUSTRY	Gov.
影		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	TY ISC CITY C		13d INSIDE CI	TY LIMITS?	Box 62/20			
1	14. F.A	ATHER'S NAME			15 MOTHER'S					
(E/)				kwell		lary	Eller	,	Will	son
0.8	Iée V	WAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17 INFORMAN		ADDRES			
9		YES, NO OR UNKNOWN) (IF YES GIV	VE WAR OR DATES)	16-2065	Agnos	CR	lackwell E			+ MD
125		18 CAUSE OF DEATH (Enter on			Agnes	_G	IACKWEII I	тпеу	APPROXI	MATE INTERVAL ONSET AND DEATH
her traumatic etter		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stating the	D BY: TE CAUSE (a) Seps  DUE TO, OR ASIA GOT	sis l	ins (	s Bu	shoma.	)		
injury, or of	NOI	PART 2 OTHER SIGNIFICANT CONCINMA	conditions contribute	G TO DEATH BUT	NOT RELATED	7	1 Januar	e		
ows any	ERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFOR	RMED	YES NO	206. IF YES, V IN CERTIFYIN YES [	IG CAUSES	
em 18 s	0	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c HOW IN	URY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
ked or h	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY,	OFFICE, FARM ETC )	211 LOCATIO STREET	N	CITY OR TOW	/N	COUNTY	STATE
21 is mar		220.1 Certify that (I) (this hospi		19 27.0	0	. 19 <b>£ 7</b> (our) apinion o	, to death accurred on the dat	18 19 te and hour a	R7	that (I) (we) last causes stated
T. If Item		man Sug	W MDMA	2cP	DEGREE A' P	TTENDING L	MEDICAL STAFF	an 🗌	22c. DATE	SIGNED
MPORTANT: IF		RISHPAL	SINGH.		22e ADDRESS	5				
_ ≥		BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY OR C	REMATORY	23d LOCATION		OUNTY	****
		Burial	7/24/87	_St. M	ark's	Cem.	Valley		STM	MD.

Leonardtown, MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

W.Clarke Mattingley

BP.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Sallie L. Blakey  3. SEX 4. RACE SATE OF BRITH MATE OF MORTH DAY YEAR MORNING DAYS FOURS DAYS FOUR DAYS	Sellie  L. Blaky  DATE OF BIRTH  AUG. 10. AGE INVIVABLE ID UNDER 24 HIS 3: DATE OF BIRTH  AUG. 10. AGE INVIVABLE ID UNDER 24 HIS 3: DATE OF BIRTH  AUG. 10. AGE INVIVABLE ID UNDER 24 HIS 3: DATE OF BIRTH  AUG. 10. CITY OF WHAT COUNTRY  U.S.A.  DEBTHPLACE LIMATOR  COOPED AT ILL DATE OF BIRTH  U.S.A.  U.	T SECE	SED NAME	FIRST	IA/E	MIDDLE	EXAMIN	ER 3 C	LAST	CATEO	0 4		BG. NO.	MONTH D	AT YEA
S. SEX   G. RACE   S. DATE OF BIRTH   S. DATE OF BIRTH   S. AGE INVERSE IF UNDER 1 YR.   IF UNDER 24 HRS.   T. DATE   PROMOTOR   DATE   DATE   DATE   PROMOTOR   DATE   D	A RACE    SACE   SACE OF BETTH   SACE   SACE OF BETTH   SACE   SA	(TYPE O		Selli.		T		27	lakar			OF E	STI-	7/27	9
Female   Black   May 30, 1890   96 YRS.   MARK	Penale   Black   Aug. 30, 1890   96 yes   Provided	3. SEX	4 RA		5. DATE OF BIRTH	n.	6 AGE (IN YE			TIF UNDER	24 HRS. 1			MONTH D	AÝ YE
10 CITY OR TOWN OF DEATH   11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   12 USUAL OCCUPATION THE OF WORK   175 KIND OF OR INSTITUTION   12 USUAL OCCUPATION THE OF WORK   175 KIND OF OR INSTITUTION   174 USUAL OCCUPATION THE OF WORK   175 KIND OF OR INSTITUTION   174 USUAL OCCUPATION THE OF WORK   175 KIND OF OR INSTITUTION   174 USUAL OCCUPATION THE OF WORK   175 KIND OF OR INSTITUTION   174 USUAL OCCUPATION THE OF WORK   175 KIND OF OR INSTITUTION   174 USUAL OCCUPATION THE OF WORK   175 KIND OF OR INSTITUTION   174 USUAL OCCUPATION THE OF WORK   175 KIND OF OR INSTITUTION   174 USUAL OCCUPATION THE OF WORK   175 KIND OF OR INSTITUTION   174 USUAL OCCUPATION THE OF WORK   175 KIND OF OR INSTITUTION   174 USUAL OCCUPATION THE OF WORK   175 KIND OF OR INSTITUTION   174 USUAL OCCUPATION THE OF WORK   175 KIND OF OR INSTITUTION   174 USUAL OCCUPATION THE OF WORK   175 USUAL OCCUPATION THE OF WORK   175 USUAL OCCUPATION   174 USUAL OCCUPATION   175 USUAL OCCUPATIO	The Brithphace (Share on Gooden Country of Goo	Fer	ale Bi	ack	DAI				DAYS			RONOUNCE	D	7/27	19 8
The city or town of Death   It make of Hospital, Nursing Home, or other institution   The Usual Cocupation   The	10 CITY OF TOWN OF DEATH   II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION   The GIVEN OF REAL PARTIES   TOWN OF THE PARTIES OF STREET ADDRESS   TOWN OF REAL PARTIES   TOWN	7a BIRT	PLACE (STATE OF					0				BALTIMOR	E CITY OR	COUNTY	
IN ALME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   176 USUAL OCCUPATION   177 OF MORE   170 KIND OR RIND   176 USUAL OCCUPATION   177 OF MORE   170 KIND OR RIND   176 USUAL OCCUPATION   177 OF MORE   170 KIND OR RIND   176 WORKERS   170 KIND OR RIND	10 CITY OR TOWN OF DEATH	Geo	rgia	1 - 4	U.S.A.							Princ	e Geo	rge's	Cour
Hyattsville    SOAL - Soth Avenue	SUAL RESIDENCE (# NAME SHORE ORD ORD ORD ORD PROTECTION ON ON ENGINEER STORE ADDRESS)  STATE    STATE	10 CITY	OR TOWN OF DE	ATH				, OR OTH	ER INSTITU	TION		AL OCCUPAT	ION ITYPE O		
ISOLAL RESIDENCE (IF IN INJUSTING HOME OR OTHER INSTITUTION, CIVE RESIDENCE BEFORE ADMISSION)  ISOLAL RESIDENCE (IF IN INJUSTING HOME)  ISOLAL RESIDENCE OF THE INJUST OF TOWN  ISOLAL RESIDENCE PROPERTY IN INJUSTING HOME INJUST OF TOWN  ISOLAL RESIDENCE FOR IN U.S. ARMED FORCES?  INDUST OF THE INJUST OF THE INJUST OF TOWN  ISOLAL RESIDENCE OF THE INJUST OF THE IEBMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9).  INDUST OF THE INJUST OF THE IEBMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9).  INDUST OF THE INJUST OF THE IEBMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9).  INDUST OF THE INJUST OF THE IEBMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9).  INDUST OF THE IEBMINAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR TOWN  INDUST OF THE IEBMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9).  INDUST OF THE IEBMINAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CAUSE OF INJUST YEARS.  INDUST OF THE IEBMINAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CAUSE OF INJUST YEAR ON THE IEBMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9).  INDUST OF THE IEBMINAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CAUSE OF INJUST YEAR ON THE IEBMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9).  INDUST OF THE IEBMINAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CAUSE OF INJUST YEAR ON THE IEBMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9).  INDUST OF THE IEBMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9).  INDUST OF THE IEBMINAL DISEASE OR CONDITION OF PRIJECT OR PART 2).  INDUST OF THE IEBMINAL DISEASE OR CONDITION OF PRIJECT OR PART 2).  INDUSTRICT OR THE IEBMINAL DISEASE OR CONDITION OF PRIJECT OR PART 2).  INDUSTRICT OR THE IEBMINAL DISEASE OR CONDITION OF PRIJECT OR PART 2).  INDUSTRICT OR THE IEBMINAL DISEASE OR CONDITION OF PRIJECT OR PART 2).  INDUSTRICT OR THE IEBMINAL DISEASE OR CONDITION OF PRIJECT OR PART 2).  INDUSTRICT OR THE IEBMINAL DISEASE OR CONDITION OF PRIJECT OR PART 2).  INDUSTRICT OR THE IEBMINAL DISEASE OR CONDITION OF PART 2).  INDUSTRICT OR THE IEBMINAL DISEASE OR CONDITION OF PART 2).  INDUSTRICT OR THE IEBMINAL DISEASE OR CONDITION OF PART 2	INSUAL RESIDENCE (# ## NOUSEMOND ONCE OF OPER PRITTUDION, OF RESIDENCE BOTOR EDWINGSON)  INSUAL RESIDENCE (# NOUSEMOND ONCE OF OPER PRITTUDION ONCE RESIDENCE BOTOR EDWINGSON)  INSUAL RESIDENCE (# COUNTY    Maryland				5031 -	56th	Avenue		2	-	-				
FATHER'S NAME MIDDLE LAST 15. MOTHER'S MAIDEN NAME MIDDLE LAST WILLIAM FIRST MIDDLE LAST WILLIAM FIRST MAIDEN NAME MIDDLE LAST MIDDLE LAST WILLIAM FIRST MAIDLEN NAME MIDDLE LAST MI	FATHER'S NAME WILLIE Jessie Willie Jessie Heard Filizabeth Green 10. MAS DECEASED EVER IN U.S. ARMED FORCES? 10. SOCIAL SECURITY NO 578-68-4883  II. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c)  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c)  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c)  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c)  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c)  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c)  III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c)  III. CAUSE OF DEATH (Enter only on			136 COUNT	Υ	13c. CITY	OR TOWN		13d. INSIDE C	ITY LIMITS?					71
WILL BETT MIDDLE  WAS DECEASED EVER IN U.S. ARMED FORCES?  WAS DECEASED EVER IN U.S. ARMED FORCES?  WAS DECEASED EVER IN U.S. ARMED FORCES?  WEENO, OR UNKNOWN)  INFORMANT  INFORMANT  ADDRESSIPATESVIJ  APPROXIMATION FOR WAR OR DATES)  TO A CULT BY OCCUPATION  INFORMANT  APPROXIMATION FOR WAR OR DATES)  INFORMANT  APPROXIMATION FOR WAR OR DATES  INFORMANT  INFORMANT  INFORMANT  APPROXIMATION FOR WAR OR DATES  INFORMANT  INFORMANT  INFORMANT  INFORMANT  APPROXIMATION FOR WAR OR DATES  INFORMANT	WILL OF OPERATION  WOOLE WAS DECEASED EVER IN U.S. ARMED FORCES?  WAS DECEASED EVER IN U.S. ARMED FORCES?  WAS DECEASED EVER IN U.S. ARMED FORCES?  TO CONCLUMNOWN)  ILE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I DEATH WAS CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)  ACULE SYOCATION  MANDEDIATE CAUSE (a).  ACULE SYOCATION  Conditions, if ony, which gove rise to immediate cause (a) stating the under lying couse lost.  (b) REMERALED AT THE SIGNIFICANT CONDITIONS CONTRIBUTION TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I.e.  None  196. DATE OF OPERATION  NONE  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  197. EXTREMAL CAUSE WAS UNDERLYING OR ONE OF DEATH HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR YEAR ONE OF DEATH HOUR A.M. MONTH DAY YEAR YEAR ONE OF DEATH HOUR A.M. MONTH DAY YEAR AT WORK AT WORK  270. I CERTIFY THOU I TOO KNOT ON THE PART I TOWN TOWN COUNTY  270. I CERTIFY THOU I TOO KNOT ON THE PART I TOWN TOWN COUNTY  271. INFORMANT CHARGE OF PART I TOWN TOWN COUNTY  THE PLACE OF INJURY JAHOME.  272. I CERTIFY THOU I TOO K charge of the remains described obove, held an Autopsy A.M.D. DEPUTY MEDICAL EXAMINER SIGNED ACCIDENT.  ACTUAL AT WORK  272. I CERTIFY THOU I TOO K charge of the remains described obove, held an Autopsy A.D. DEPUTY MEDICAL EXAMINER SIGNED ACCIDENT.  ACTUAL B. THE SIGNIFICANT COUNTY COUNTY COUNTY OF TOWN COUNTY COUNTY ACCIDENT.  BUST 101. INFORMANT COUNTY COUNT			Prince	e George	a H	yattsvi	lle				1 - 56	th Av	enue	10
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 578-68-4883  17. INFORMANT  Elizabeth Dixon 5031 56th AN  PART I DEATH (Enter only one cause per line for (o), (b), ond (c).)  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  LOUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a) storting the under-lying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  None  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. AUTO YES  110. INDERLYING OR CONTRIBUTING OR CONTRIBUTION OR COUNTY	Second	14. FATH	ER'S NAME FIRST		MIDDLE		LAST		15. MOTH	ER'S MAIDE	NNAME	MIDD	LE		LAST
THE CAUSE OF DEATH (Enter anly ane cause per line for (o), (b), and (c).)  18. CAUSE OF DEATH (Enter anly ane cause per line for (o), (b), and (c).)  18. CAUSE OF DEATH (Enter anly ane cause per line for (o), (b), and (c).)  18. CAUSE OF DEATH (Enter anly ane cause per line for (o), (b), and (c).)  19. CAUSE OF DEATH (Enter anly ane cause per line for (o), (b), and (c).)  19. CAUSE OF DEATH (Enter anly ane cause per line for (o), (b), and (c).)  19. CAUSE OF DEATH (Enter anly ane cause per line for (o), (b), and (c).)  19. CAUSE OF DEATH (b) and a consequence of DUE TO, OR AS A CONSEQUENCE OF  (c)  19. CAUSE (o) and a consequence of DUE TO, OR AS A CONSEQUENCE OF  (c)  19. CAUSE (o) and a consequence of DUE TO, OR AS A CONSEQUENCE OF  (c)  19. DATE OF OPERATION  19. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTO  YES  19. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTION COUNTY  216. INJURY OCCURRED CITY OR TOWN COUNTY	The continue course of the temporal course			J	essie			V.10	E1-1	zabe	th G	reen		-	वचर्ग व
The condition of the	IL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	N C	O, OR UNKNOWN)								th T				
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Acute myocardial disease  Canditions, if ony, which gove rise to immediate cause (a) stating the under-lying couse lost.  (b) Reneralized arteriosclerosis.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  None  190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  1910 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR STREET, FACTORY, FARM, ETC.)  210 EXTERNAL CAUSE WAS STREET, FACTORY, FARM, ETC.)  211 INJURY OCCURRED STREET CITY OR TOWN COUNTY	PARTIDEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)					1		007		2000		ZAOH	7071	70 02	
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a) stating the under-lying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In  None  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS  UNDERLYING OR  ON TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR ON RIBBUTING CAUSE OF DEATH P.M.  191. NONE  210. INJURY OCCURRED WHILE NOT WHILE  2110. PLACE OF INJURY IN THOME. STREET, FACTORY, FARM, ETC.)  2111. INJURY OCCURRED WHILE NOT WHILE  CITY OR TOWN  COUNTY	Conditions, if ony, which gove rise to immediate couse (a) storing the under lying couse lost.	11	PART I DEATH	ATH (Enter anly WAS CAUSED	RY.			10.10							BETWEEN
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Gove rise to immediate cause (a) stating the under-lying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  None  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20 AUTO  YES  210 EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING OR STREET, FACTORY, FARM, ETC.)  216. INJURY OCCURRED  WHILE NOT WHILE  216. PLACE OF INJURY JAI HOME. STREET, FACTORY, FARM, ETC.)  217. STREET  CITY OR TOWN  COUNTY	DUE TO, OR AS A CONSEQUENCE OF    Summary   Contribution   Contrib				DUE TO, OR	AS A CON	SEQUENCE	OF							
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	AT WORK AT WORK  220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry X, and in my apinion death resulted from: Natival causes X. Accident , Suicide , Homicide , Undetermined manner ,  TITLE (SPECIFY)  M.D. Deputy MEDICAL EXAMINER SIGNED 7/2'  EXAMINER'S NAME (TYPE OR PRINT)  John S. Rogers, H.D. ADDRESS Silver Spring, Montgonery Course (TYPE OR PRINT)  230. BURIAL, CREMATION, REMOVAL 236. DATE 7/31/87  Washington Nat'l Cem . T336 LOCATION CIT SUITLAND PG	1 5 G			EATH P.N	١.	19	No	one						
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TO FUNERAL DIRECTOR. After this carrificate has been signed by whould be detached for use as the buriel-transit permit. Their please, with the State Dept. of Health and Mental Hygiene push to buriel, or

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STATE OF MARYLAND

STATE OF MAKILAND										
DEPARTMENT	OF	HEAL	HT.	AND	MENTAL	HYGIEN				
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME X (TYPE DR PRINT) ESTI-87 Borwegen DEATH MATED 19 Robert 3. SEX AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Caucasian Dec. 6, 1959 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York U.S.A. DIVORCED X Prince George's County ID. CITY OR TOWN OF DEATH IT, NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 1-95, South of US 50 Shop Fore-Mechanic Forrestville | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | 7604 Marion St. Pr. George's Do. Forrestville 20747 Maryland 14. FATHER'S NAME TS. MOTHER'S MAIDEN NAME FIRST Borwegen Marilvn Mantz Bruce 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. BOX 42 (father) 100-54-3468 W. Bruce Borwegen Fishers Landing, NY 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) CERTIFICATE SHOULD BE EXECUTED WITHIN 21 HOUR ITING THE WORD "PENDING" IN PENCIL IN ITEM 18. BED TO THE CHIEF MEDICAL EXAMINER ALONG WIS SHOULD BE USED AS A BURIAL", IRANSID PERMIT. BERNAKIN OF HEALTH AND MENTAL HYGENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ TO MEDICAL EXAMINER: THIS CERTIFICATE SH EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE PORWARDED TO THE CY TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALLMORE, MARKAND, 21201 PRIOR TO BUS 21a EXTERNAL CAUSE WAS 2Th TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DE CONTRIBUTING CAUSE OF DEATH Driver of auto/ Auto Collision... 9:05Am III LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY WHILE NOT WHILE I-95, South of US 50, Forestville, Prince Georges Co., MD 220 I certify that I taak charge of the remains described above, held an Inspection death resulted fram: Accident TITLE (SPECIFY) ACTUAL M.D. Deputy ChiafdICAL EXAMINER SIGNATURE EXAMINER'S NAM Ann M. Dixon, M.D. 111 Penn Street, Balto., MD 21201 (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION Alexandria, Virginia Metropolitan Crematory 6 July 87 Cremation 24 FUNERAL DIRECTOR Julia Dandson Randons **DHMH - 17** Capitol Funeral Service, Falls Church, VA (VR A15 ME (5))

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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1		TY OR TOWN OF DEA		1. NAME OF	HOSPITAL, NUF	RSING HOME				USUAL OCCUPATION			
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_	USUA	Ollege Par	SING HOME OR C	THER INSTITUTION	. GIVE RESIDENCE DE	FORE ADMISSION				aintenanc			corp.
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DHMH - 16 60M 7/84 (VRA 15, 4)

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	TO ANEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		22a. I certify death resulte		of the remains des	Accident	Autops	y X, Inspection	n , l	Inquiry [		ind in my o	pinion		
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or offer	R	ITY OR TOWN OF DEATH  I UERDALE  AL RESIDENCE (IF NURSING HOME)	LELAND	CILITY, GIVE STREET ADDRESS)  MEMORIA		(TYPE OF WORK FOR MOST OF Housewife	WORKING LIFE) INDUST	ID OF BUSINESS OR TRY  In Home
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cote be execut ystrion and co opers. Pages 1 wol.	160 N	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166	social security No 578-48-00	Mr. LeRoy S	Metzerott <sup>®</sup> R® Bremerman	d., Colleg	e Park,
ss that the death certificate bed by the attending physical please remove corbangaper unial, cremoting, or removal, , or other troumatic event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS	A CONSEQUENCE OF		INOM OF R	LUNG S	ROXMANIE INTERVAL EEN OMST AND BEATH
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hos per	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	216. TIME OF IN	III DV	Tab. HOW IN HIER OCCUPA	YES NO	IN CERTIFYING CAU	SES OF DEATH?
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DR ATTENDINI  hospital or c  DIRECTOR, Afte  thed for use os  sept. of Health  Ifem 21 is mort		220.1 certify that (I) (Mission the deceased alive of above. (I) (westerned) (did in 22b. SIGNATURE	JULY 4.	1987	ond that in (my) (out) opinion DEGREE			that (I) (🛥) lost the couses stated
HOSPITAL O ned by the FUNERAL D Jud be detec the Stote D ORTANT: If		MO PHYSICIAN'S NAME (TYPE	Drown (	(M)	ATTENDING PHYSICIAN O		AN 🗌	5/27

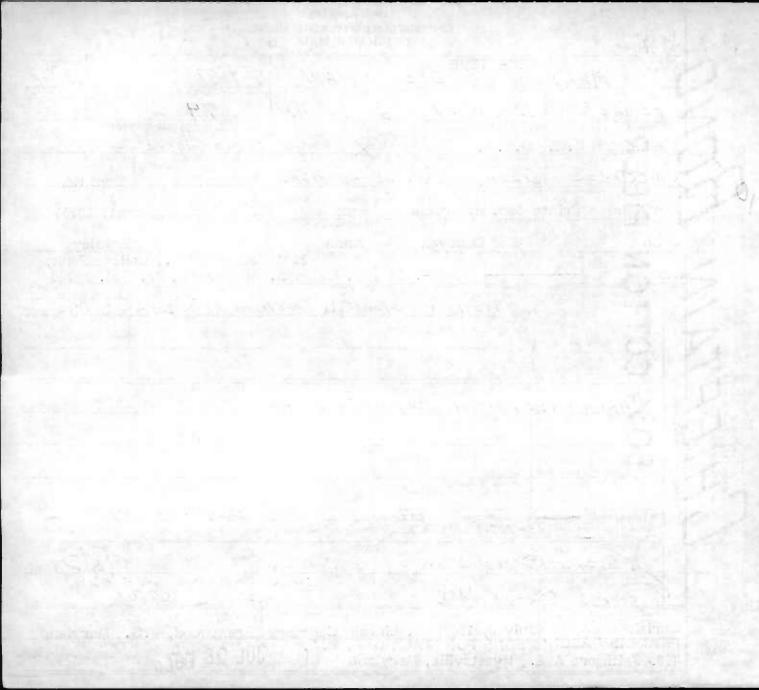
23c NAME OF CEMETERY OR CREMATORY

Burial July 8, 1987 Ft. Lincoln Cemetery Brentwood, P.G., Maryland 4739 Baltimore Ave., Hyattsville, Maryland

23d LOCATION

DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 061062 JUL 29 8 DECEASED NAME 20. DATE KNOWN TO MONTH (TYPE OR PRINT) ESTI-VECESSARY, PLEASE UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS ETHEL MAE BRICKERD DEATH MATED 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. 2c. DATE 84 White April 28, 1903 Female 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED DIVORCED Maryland Prince George's HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Westinghouse Hill Rd. Cot. City Secretary Bunker Cottage City 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Cottage City Maryland 4142 Bunker Hill Road # 509 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME \*\*Stancliff Effie Joseph Harvey 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 15401 Bassett La. 1D 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Laura Sinyard 579-48-4002-A Silver Spring, Md. 20906 18. CAUSE OF DEATH (Enter only one couse per line for (a). (b), and (c PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2-STHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 190 DATE OF OPERATION 20 AUTOPSY? 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE D CITY OR TOWN STATE ACE 4 SHOULD BE FORW O FUNERAL DIRECTOR: P FITE DEATH, WITH THE ST ALLIMORE, MARYLAND. 220 I certify that I took charge of the remains described above, held on Autopsy Inspection Natural causes Accident Suicide Homicide Undetermined manner MEDICAL EXAMINER EXAMINER'S NAME Richard L. Whelton 4700 Berwyn House Rd. College Park, Md. 23g BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 07/22/87 Fort lincoln Cemetery Brentwood P.G. Maryland 07/064 24. FUNERAL DIRECTOR

> Francis Gasch's Funeral Home, P.A. 4739 Baltimore Avenue Hvattsville, Md. 20781

**DHMH - 17** 

(VR A15 ME (5))



	0	1	FOR		ATE OF MARYLAND F HEALTH AND MENTAL HYGIEN	E	
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•	FUNERAL S FOR Y	D	ITY OR TOWN OF DEATH	United States 11 NAME OF HOSPITAL, NURSING HO	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Prince George	s County, MD
	NY DELAY IS TO THE PAGE OUD BE FILED.		Cheverly	IN NAME OF HOSPITIAL, NORSING HOPE IN SUCH FACILITY, GIVE STREET ADDRES!  Prince Georges Gen R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIT	eral Hospital Sa	AST OF WORKING LIFE)	OR INDUSTRY
21201	AND 3	130.5	TATE 136 COUNT P.G	TY ROUTE RESIDENCE BEFORE ADMI	13d. INSIDE CITY LIMITS? 13e STRE YES NO 1 70	4 Quaro	PAVE 3
OW say	AND SEATH	21.1	ATHER'S NAME PIRST QSPEC	Lee Brocu	15 MOTHER'S MAIDEN NAME  Margaret	MIDDLE	Scales
ALTIMO	AFTER DE SIVE PAGE TH FORM MAGES I A		NAS DECEASED EVER IN U.S. ARM ESINO, ORUNKNOWN) (IF YES, GIVE V		-4417 Margaret Br	oun 204 Acian	of Ave me.
(SNO)		1	PART I DEATH WAS CAUSED	E CAUSE (a) Multiple			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TAL RE	SHOULD ORD "PEI CHIEF N E USED A T OF HEA	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OP	ERATION WAS PERFORMED?		20 AUTOPSY? YES V NO
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Š	JER: THIS C CATE, WRIT FORWARDI OR: PAGE: HE STATE INO, 21201	5	WHILE AT WORK AT WORK	street.	Columbia Pk. Rd. 8	Columbia Ave.	Seat Pleasant Georges, MD
•	AL EXAMIN HE CERTIFIC HOULD BE AL DIRECT TH, WITH TE, WARYDA	2	ACTUAL SIGNATURE	accident Accident	Svicide , Hamicide , Undete  TITLE (SPECIFY)  M.D. Assistant MEDI	CALEXAMINER SIGN	FD 7-31-87
	O MEDIC XECUTE TI AGE 4 SH O FUNER.	2		les P. Kokes, M.D.			id. 21201
07/8 25AA		P	URIAL, CREMATION, REMOVAL 23 SPECIFY) UNERAL DIRECTOR	Hug 3, 1981 Garnett	Grove new Cen. R	CATION COL	NC
	DHMH - 17 (VR A15 ME (5))	1	Somer-Hodges	490 Mar/boro Per C	sral Hills	PATE STRAN DE REGISTRAR'S	SIGNATURE

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

0	1	REG. N	10.	( 4		14	
20. [	DATE OF	DEATH	MONTH	DAY	YEAR	26 HOUR	
	July	20,	1	987		1:30p	
6. A	GE (IN YE	ARS LAST B	RTHDAY	IF UN	DER I YEAR	IF UNDER 24	

	CEASED NAME	FIRST	A	MIDDLE	l.	AST		2a. DATE OF	DEATH MONTH	DAY	YEAR	26 HOL	JR
STORE	CE PENLI)	Mary		Ann	Bur	ke		Ju1v	20.	1987		1:30	n
3. SE:	Y	Tr	RACE		5. DATE C	F BIRTH			EARS LAST BIRTHDAY		DER I YEAR	IF UNDER	
	emale		aucasi	an	09"		113	73		MONTH	15 DAYS	HOURS	MIN
	RTHPLACE I STATE OR	FOREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8 AA A PRIE	NEVER A	AAPPIED T	9 BALTIMO	RE CITY OR COU	NTYOFE	DEATH		
-	ennsylvan	ia U	nited :	States	WIDOWE		ORCED	Pri	nce Geor	ge's			٨
	ITY OR TOWN OF DE			OSPITAL, NURSIN		R OTHER INST	HOLIDIL		OCCUPATION K FOR MOST OF WORKII		LE KIND C	F BUSIN	ESS C
	Riverdale	Sec. 1		d Memori					clerk		Ester	Sh	ac
USU.	AL RESIDENCE (IF NURS	136 COUNTY		GIVE RESIDENCE BEFORE		121 INICIDE C	ITV HALITES	La crocer	ADDRESS / ZIP C	005		207	40
- 2/	aryland			College		13d INSIDE C	NO T	4711	Berwyn		se Ro	d. #	442
14. FA	THER'S NAME						MAIDEN NA						
	Unavailabl	e	DLE	Kastora		un	availab	le	WIDDIE		Sherl	ba	
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMA	NT		10020 I	nkne	n P	ace	13
	No No	(IF YES, GIVE W	'AR OR DATES)	135-03-6	819	lohn	Burke	(son)					ΩД:
	18 CAUSE OF DEAT	H (Enter color)	200 50000 005			301111	Durke	(3011)	Lincott	T	_	MATE INTE	
45	PART I. DEATH W	AS CAUSED E	BY.		cluc	Am	cet				BELASEN	ONSET ANE	DEAIR
		IMMEDIATE (							_				
12	C. Br. If		DUE TO, OF	AS A CONSEQUE	NCE OF.	ulax	am	Attime!	0				
	Conditions, if ony, which gave rise to immediate  DUE TO, OR AS A CONSEQUENCE OF.  Vendir cular anythmia												
	cause 101, stating the underlying cause last.  Due TO, OR AS A CONSEQUENCE OF Cardio myo pathy												
1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g												
Z				aileno, C					Scher	GIVEN IN	I PART 10	a	
ATR	190 DATE OF OPERA			TION FOR WHICH				200 AUTO		F YES, WE	DE EINIDIO	ICS LISE	0
CERTIFICATION	DATE OF OFERA	11014	170 CONDI	TION TOR WITHCH	OFERATIO	4 WAS PERIO	KMED		INCE	RTIFYING		OF DEA	TH?
ERT	21g. ACCIDENT WAS UN	DERLYING	21b. TIME OF	F IN ILIPY		1214 HOW IN	ILIPY OCCUPI	YES _	TURE OF INJURY IN ITEM	YES	20.040121	NO [	
	OR CONTRIBUTING			M. MONTH DA	Y YEAR	210 11000 110	JOK! OCCOR	KLD (ENTERNA	TIONE OF INJURY IN THE	18 PARTIC	JR PART 23		
MEDICAL	HE EITHER NOTHEY MEDI		P./		19	011 105 1716	144						
WED	21d INJURY OCCUR		21e PLACE C	OF INJURY BET, FACTORY, OFFICE, FA	ARM ETC )	211 LOCATIO	)N		CITY OR TOWN	(	COUNTY		STATE
	AT WO	RK L											
	220 I certify that (I)				C)'		19_87	, to	7-20			that (1) (	
13	sow the deceos abave, (I) (we) (		7 - 2		o. / . on	d that in (my)	(our) opinion	deoth occurre	d on the dote and	hour ond	from the	couses st	oted
	226. SIGNATURE	2				DEGREE					22c DATE	SIGNED	
	121	dust	agi		7		TTENDING PHYSICIAN X	DIRECTOR	STAFF PHYSICIAN		7/2	0/87	
	22d. PHYSICIAN'S N.	AME (TYPE OR PE	MINT)			22e ADDRES	S						

Ravinder K. Rustagi M.D.

6132 Landover Rd., Cheverly, Md. 20785

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Arlington VA 07/23/87 Burial Arlington Nat'l Cem Prancis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, MD 20781

DHMH - 16 60M 7/84 (VRA 15, 4)

07/84 25M

DHMH - 17 (VR A15 ME (5))

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ON STREET

1 - FOR STATE REGISTRAR

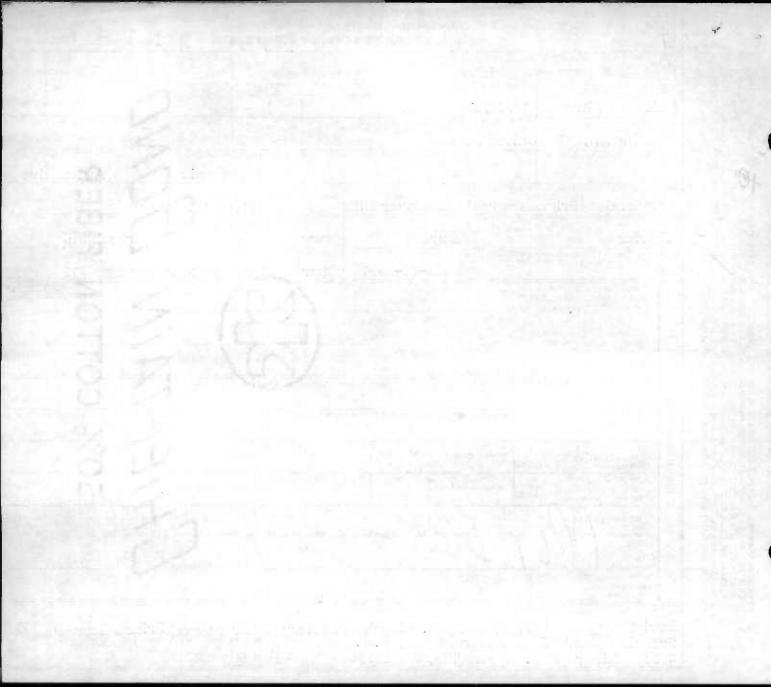
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2 REG NO. 1 3 8

10	22	PRINT)	VE FIRST		MIDDLE			LAST			20. DATE K	NOWN -	MONTH	DAY	YEAR	26 HOUR
•			Dar	con (	).		]	Burrou	ahs		DEATH	MATED	<b>7</b>	9	19 87	M
	3 SEX	(	4 RACE	5 DATE OF BIRTH	YFAR	6 AGE (IN YE	ARS IF UN	DER I YR.	IF UNDER		2c DATE		MONTH	DAY	YEAR	2d HOUR
	Ma	le	Black	- DAI	967	20 Y	RS. MONT	HS DAYS	HOURS	MIN.	PRONOUNG DEAD	.ED	7	9	19 87	1:10
ø	70 BI	RTHPLACE (	STATE OR	76. CITIZEN OF W			8. MARR	IED   NE	VER MARR	TO 021	9. BALTIMO	RE CITY	OR COUNT	Y OF D		1 1 11
N	FO	REIGN COUNTRY)	Md.	U.S	5 . A .		WIDOV		DIVOR		Doci	000	Coorac	C C	ounti	7 40
1	ID CI	TY OR TOWN		11. NAME OF HO	SPITAL, NU						UAL OCCUPA	ATION (I	George	12b KIN	ND OF BU	SINESS
1	Marie Contract	Chever	4	Prince	Georg	res Ger	eral	Hospi	tal		MOST OF WORK		ker-M	urr		
	130 S	TATE Md.	13b COU	E OR OTHER INSTITUTION, G INTY • <b>G</b> •	13c. CITY	OR TOWN		13d INSIDE C	NO [	001	28 Br	ight	2 tseat	078 Rd	14.	2
\$	14. FA	ATHER'S NAM						15. MOTHE	R'S MAID		:				//	
	W	/illia	m	WIDDLE	Coate	LAST		Ma	IRST TO		MIC		Burro	noh	AST	
-	16a V	VAS DECEASE	DEVER IN U.S. A	RMED FORCES?		CIAL SECURIT	Y NO.	17 INFORA				ADDRE		w0		
L		NO, OR UNKN	OWN) (IF YES, GIV	VE WAR OR DATES)	Unk	nown		Mary	L.	John	nson-	Sami	e a.s	# 1	3 8	bove
			OF DEATH (Enter of	only one couse per lin	for (a) (b	) ond (c) )		1						API	PROXIMATE	INTERVAL
	1	PARTID	EATH WAS CAUS	SED BY:										BETW	EEN ONSET	T AND DEATH
		265.3	IMMEDI	ATE CAUSE (o)GL		SEQUENCE		neck						-		
		Conditio	ons, if ony, which		AS A COL	13EQUENCE	Or							1 7		
	1		ise to immedio													
	10		) stoting the unde	DUE TO, OF	AS A CON	SEQUENCE	OF									
		lying co	use lost.	(6)												
	-	PART 2 DINER S	IGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT RELA	ATED TO THE TERM	AINAL DISEAS	E DR CONDITIO	N GIVEN IN PA	ART 1 (n)						
	Z															
1	MEDICAL CERTIFICATION	190. DATE O	FOPERATION	19b COND	TION FOR	WHICH OPER	RATIONW	AS PERFOR	MED?			-		20 A	UTOPSY?	,
/	FIG														ES 🔀	NO
5	ERI	21a. EXTERN	AL CAUSE WAS	21b. TIME O	FINJURY		21c. H	OW INJURY	OCCURR	ED (ENTER	NATURE OF INJU	RY IN ITEM	18 PART 1 OR PA		E3 (2)	NOL
3	ALC	UNDERLYING	G OR	HOUR A.A		DAY YEAR		- 1 .		,						
1	DIC	21d INTURY	OCCURRED	71e PLACE	OF INJURY	9 198"		Subjection	ct wa	s_sho	ot					
	WE	WHILE	NOT WHILE		TORY, FARM, E			STREET			CITY OR TOW			UNTY		STATE
		AT WORK	AT WORK	park:	ing lo	ot	3	033_B <sub>1</sub>	right	seat	Rd.Ia	ndov	ePrinc	ce G	eorg	es MD
	10	22ª I cert	ify that I took cho	rge of the remains de	scribed obo	ve, held on	Autop	sy X	Inspectio	on .	Inquiry		ond in my op	inion		
		death result	ted tom Nat	tural causes	Academi	[] 4	CHO -	Homic	ide X.	Undet	ermined mor	ner T	].			
			10-	"No	1	5	1	-	PECIFY)							
		ACTUAL	14881	111/2011	Mus	nna	MILL	ATTICLUS.	-	-			DATE	7-	9-87	
1		SIGNATURE		1	1	100	extra 6	O'ASS	Slan	LMED	ICAL EXAMI	VER	SIGNE	D_/	201	
1		EXAMINER'S		ennis F. Si	nvth.	M.D.			111	Penn	Stree	t, E	Balto.	Md.	21	201
	226 04	(TYPE OR PR						ADDRESS_			CATION					
	13 BI	DRIAL/CREMA	TION, REMOVAL	1 / / 0		NAME OF CE				CITY	ORTOWN		A cour	ATY ,	a ST	ATE
	24.51	UNERAL DIRE	CTOR	7/13/87	14	SRHO.	мч.	MEN.			ANDO		A	1	9.	
	14 1	NAME .		ADDRES	0		,		-	KEC'D. BY	REGISTRAR	ZSD RE	GISTRAR'S	IGNATU	JKE	
	14.	a. INM	SHINGTO	N 250HS 47	20 15	unkeria	in Av	15 W/G	- 2222	00				-	-	

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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-5	STATE GISTRAR	IVI	CERTI	FICATE OF DEATH	8 / REG.	2 1 1	14	2	
	OF ASED NAME FIRST OR PRINT)	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
	CALV	IN L.	CALHO	DUN		07 28	87	10:4	
3 SEX	(	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST B			HOURS	
	Male	<b>H</b> -lack	MON1	DAY YEAR 20 49	77	YRS	HS DAYS	HOURS	
7a. BIF	RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	XX NEVER MARRIED	9. BALTIMORE CITY		DEATH		
A1	_abama_	USA		ED DIVORCED	PRINCE G	FORGE 'S			
10 CI	TY OR TOWN OF DEATH			OR OTHER INSTITUTION	12a. USUAL OCCUPAT	TION 1	L KIND OF	BUSINES	
	EVERLY	PRINCE GEO	DRGE STREET ADDRESS)		Bricklay		NDUSTRY		
13a. S M	AL RESIDENCE (IF NURSING HOME OF ATE 136 COL		CITY OR TOWN  XON HILL	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1703 Fenwo	ZP CODE od Avenu	1e 20	27	
	THER'S NAME		LAST	15. MOTHER'S MAIDEN NA			IAST		
	Daniel C. Calho			Rosie Reynolds					
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b.	SOCIAL SECURITY NO.	17 INFORMANT	ADDI	Cheste	r Pa		
IY	(IF YES, G		7 72 5325	Sharlene Ca	lhoun-wife-	1209 Pul	aski	Driv	
	LE CALICE OF DEATH S			onarrene oa	THOUSE WILL	1	APPROXIM		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause per line t ED BY:	ar (a), (b) gna (c).)				BETWEEN ON	SET AND	
	IMMEDIA	TE CAUSE (0)	Thoux	2 lung					
		DUE TO OR AS	A CONSEQUENCE OF			0 .			
	Condition 16 111	, DOL 10, OK 25	A COMOL GOLINCE OF	20.1	1. 0	Lever			
	Conditions, if ony, which gove rise to immediate	(1)	agoranes	no Occasion	g. follow				
	cause (a), stating the	DIFFTO OF AS	A CONSEQUENCE OF	grown - de	Aprise				
	underlying cause last.	DUE TO, OR MS	W.COLNDERGOENCE OF T		//				
	DART O OTHER SIGNIFICANT	CONTRIBUTE CONTR	10 TO DE 111 DU						
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO DEATH BU	I NOT RELATED TO THE TERA	MINAL DISEASE OR COM	NDITION GIVEN I	N PART Ita		
CERTIFICATION	19g DATE OF OPERATION	119h CONDITION	FOR WHICH OPERATION	70m AUTOPSY?	Table VES W/	DE EINIDINI	C LICED		
Ö	198 DATE OF OPERATION	198 CONDITION	FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEA.				
Ę					YES NO	YES [	]	NO [	
8	210. ACCIDENT WAS UNDERLYING			21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PART 1	OR PART 2)		
	OR CONTRIBUTING CAUSE OF DE	AIR	MONTH DAY YEAR						
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19	Tarri 100 ATION		1000			
AEC	21d INJURY OCCURRED	21e PLACE OF IN	IJURY ACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	ST	
2	AT WORK AT WORK								
	22a.1 certify that (1) (this hosp	utal) attended the dec	ensed from	-23 10 P	7 . 72	8 10	77 1	at (II (w	
	sow the deceased alive a	7 0 0	v 07'	- Labora in Amiri Amiri Amirina	death and I M	11			
	obove, (I) (we) (did) (did n	at) view the bady after	death.	nd that in (my) (aur) apinion	death occurred an the	dote and hour and	tram the co	ouses sto	
	226. SIGNATURE			DEGREE			22c. DATE S	IGNED	
	10	. 1.		ATTENDING	MEDICAL STA		7	25	
		un		PHYSICIAN	DIRECTOR PHYS	CIAN	1-4	4/-	
2.1	22d. PHYSICIAN'S NAME ITYPE	OR PRINT)		22e ADDRESS					
94									
23a B	URIAL, CREMATION REMOVA	726 DATE	a /124 HAME OF	EMETERY OR CREMATORY	123d LOCATION				
D. D.	Specify al	)	11.		CITY OR TOWN		UNTY	51	
	18.11	Aug.	St. C	amphell comet	P L	e, Alaba			
24 FU	WIEDALD IDECTOR		11 11 11 11 11 11 11 11	1 11/1/20	TE DECID DU DECICEDA				
	INERAL DIRECTOR	11/1/2	cevi w	/ / JAMES DA	IE KEC'D. BY REGISTRAL	R 256. REGISTRAR	S SIGNATU	RE	
S	tewart Funeral	Home-4001	BenningRoa	d N-R A	163 1987	RIZSE. REGISTRAR	5 SIGNATU	Pand	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked

1.57.27

Total Residen

or other troumotic event, the

E I	STATE OF MARYLAND
060843 JUL 28187 STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

DECEASED NAME   THE COUNTY	a		REGISTRAR				CERTIF	ICAIL OF DE	0	REG. NO.	1 1			
SEX   SACE   BLACK   SATE OF BIRTH   SACE   SATE OF BIRTH   SACE   SAC	П			FIRST		MIDDLE	0	AST		20 DATE OF DEATH MON	TH DAY	YEAR	26 HOUR	-
BLACK    DOWN   SATE   STATE OF THE PARTY   SATE OF THE PARTY   SA	1	TYPE (	OR PRINT)	Willie	2	M.	Co	Courp!		07	1 17	87	11'35AM	
7.8 BRITHAGE   1.1   1	1	3. SEX			4. RACE		5. DATE C	F BIRTH	6	AGE (IN YEARS LAST BIRTHDAY	1 IF U	NDER I YEAR	IF UNDER 24 HRS	-
COUNTRGINIA   USA			Male	-			MONTH	DAY		84		THS DAYS	HOURS MIN.	
10 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   17. WASHINGTON   17.	3			A POREIGN			MARRIEI		RRIED .	Da'.		DEATH	2+11 110	
SECOND   STATE   STA	1	10. CIT	TY OR TOWN OF D	EATH			URSING HOME C		UTION I	120 USUAL OCCUPATION				-
13 STATE   13B COUNTY   13E CITY OR TOWN   13E INSTRET ADDRESS / ZIP CODE   14 STREET ADDRESS / ZIP CODE   15 MOTHERS NAME   15 MOTHERS NAME   16 MOTHER NAME   17 MOTHER NAME	4							. CENTER		CUSTODIAN		PAPE	R CO.	j
MARYLAND PR. GEORGES FT. WASHINGTONES NO SOLD 9311 LOUIGHRAN ROAD  IN FATHER'S NAME  THOMAS S. CARDWELL  IS MOTHER'S MAIDEN NAME  IN MODILY  B. MODILY  B. MODILY  TURNS  IN MODILY  IN MORNANT  ADDRESS  (AS 13 ABOVE  IN CONCIUMNOWN)  IN CONCIUMNOWN)  IN CONCIUMNOWN)  IN CONCIUMNOWN  IN CONCIUMNOW	7							13d INSIDECITY	LIANITS?	13. STREET ADDRESS / 710	CODE	20	7/1/1	
THOMAS S. CARDWELL  MOLLY  B. ADDRESS  MODE  TURNS  MODE  THOMAS S. CARDWELL  MOLLY  B. ADDRESS  MOLLY  MOLLY  B. ADDRESS  MOLLY  MOLLY			-1.0									D	174	
THOMAS S. CARDWELL    THE WAS DECEASED EVER IN U.S. ARRED FORCES?   166 SOCIAL SECURITY NO   17. INFORMANT   ADDRESS   18. ADDRESS   166 SOCIAL SECURITY NO   17. INFORMANT   ADDRESS   ADDRESS   18.	7	14 FA						15 MOTHER'S A		E	d HUA			-
NAS DECEASED EVER IN U.S. ARMED FORCES?   146 SOCIAL SECURITY NO   17. INFORMANT   ADDRESS   146 NO OB UNINDOWN)   (1875) WE WAS OPE ARE DEATH (Enter only one couse per lime by (0.) (b), ondough   17. INFORMANT   ADDRESS   186 SOCIAL SECURITY NO   17. INFORMANT   ADDRESS   18. CAUSE OF DEATH (Enter only one couse per lime by (0.) (b), ondough   18. CAUSE OF DEATH (Enter only one couse per lime by (0.) (b), ondough   18. CAUSE OF DEATH (Enter only one couse per lime by (0.) (b), ondough   18. CAUSE OF DEATH (b)   18. CONDITION, one couse per lime by (0.) (b), ondough   18. CAUSE OF DEATH (b)   18. CONDITION   18. CONDITION   18. CONDITION   18. CONDITION FOR WHICK OPERATION WAS PERFORMED   18. ACCIDENT WAS UNDERTIFUS OF CONSEQUENCE OF OR CONSEQUENCE OF INCREMENTAL DESTRUCTION WAS PERFORMED   18. CONDITION FOR WHICK OPERATION WAS PERFORMED   18. ACCIDENT WAS UNDERTIFUS OF CONSEQUENCE OF INCREMENTAL DESTRUCTION WAS PERFORMED   18. ACCIDENT WAS UNDERTIFUS OF CONSEQUENCE OF INCREMENTAL DESTRUCTION WAS PERFORMED   18. ACCIDENT WAS UNDERTIFUS OF CONSEQUENCE OF INCREMENTAL DESTRUCTION WAS PERFORMED   18. ACCIDENT WAS UNDERTIFUS OF DEATH   18. CONDITION FOR WHICK OPERATION WAS PERFORMED   18. ACCIDENT WAS UNDERTIFUS OF CONSEQUENCE OF INCREMENTAL DESTRUCTION WAS PERFORMED   18. ACCIDENT WAS UNDERTIFUS OF CONSEQUENCE OF INCREMENTAL DESTRUCTION OF CONSEQUENCE OF	1	THO				LAST	T			MIDDLE	מוזיח			
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PARTI. DEATH WAS CAUSE OBY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost  (c)  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost  (c)  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost  (c)  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost  (c)  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost  (c)  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost  Underlying the femalial part of part life couse lost  Underlying the femalial part lost  Underlying couse lost  Underlying couse lost  Underlying Lost  Underlying Lost  Underlying Lost  Underl		(1)	ES, NO OR UNKNOWN)			10				SAME AS 1	3 ABO	VE		
DUE TO, OR AS A CONSEQUENCE OF TOTAL ATT MY MINING STRIPS TO CONDITION FOR WHICH OPERATION WAS PERFORMED  190 DATE OF OPERATION  191 DATE OF OPERATION  191 DATE OF OPERATION  191 DATE OF OPERATION  192 DATE OF OPERATION  193 DATE OF OPERATION  194 DATE OF OPERATION  195 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  196 DATE OF OPERATION  197 DATE OF OPERATION  198 DATE OF OPERATION  199 DATE OF OPERATION  190 D	1					line for (o), (b	bi, ondici.i /	01.	n.			APPROXI	MATE INTERVAL	=
Conditions, if ony, which gove its to immediate couse to immediate couse it on, storting the underlying couse lost.  DUE TO, OR-AS-A CONSEQUENCE OF LOST OF LATE AUTOMATION AND LOST OF LATE OF LATE OF LOST OF LATE O			PARTI. DEATH WAS CAUSED BY:									11175.		
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The significant special point of the underlying couse lost.    DUE TO, OR ASSA CONSEQUENCE OF Underlying CONTRIBUTING TO DEATH BUT NOT RELAJED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CONTRIBUTING TO DEATH BUT NOT RELAJED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CONTRIBUTING TO DEATH BUT NOT RELAJED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CONTRIBUTION OF CONTRIBUTING TO DEATH PURPOSE OF CONDITION GIVEN IN PART TO CONTRIBUTION GIVEN IN PART TO					(b)_	11	704	fara	1//	rujonmia		0 -	/////5	_
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OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  27e. I certify that (I) (this bospital) attended the deceased from sow the deceased give on obove, (I) (yet) (yet) (did) (did not) view the body ofter death.  27e. DEGREE  ATTENDING  ATTENDIN	2	IIFICAT	190 DATE OF OPER	VA	19b. COND	ITION FOR W	HICH OPERATION	N WAS PERFORM	AED	IN	CERTIFYIN		OF DEATH?	
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sow the deceased drive on 7-17 19, ond that in (my) (gar) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (drd) (drd) (drd) view the body ofter death.  72 DEGREE  ATTENDING  PHYSICIAN DIRECTOR PHYSICIAN	1				al) attended th	e deceased for	rom &	an	19/8/	to 7//	1 10	11	that th (we) last	-
276 SIGNATURE  276 DEGREE  ATTENDING MEDICAL STAFF  71 787  278 ADDRESS 401 Industry County H360  278 ADDRESS 401 Industry County STAFF  278 ADDRESS 401 Industry County STAFF			sow the dece	ased alive on.	7-1	1-87		d that in (my) (9	ur) opinion de	eoth occurred on the date o	nd hour on		.,	
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PICAN J. FUNSON, MD Ft. CJash., MJ. 20 TYY.  236 BURIAL, CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATORY 23d, LOCATION CITY OF TOWN COUNTY STATE	1		( xich	and (	Q. 1	was	n, MM.					7/1	7/87	
(SPECIFY) RITID TAT COUNTY STATE		(	770 PHYSICIAN'S	al A. F	TUVSO	n, m	מי	22e ADDRESS	7401 F	todian ha	ad 1.	144	H 360	
BURIAL 22 JUL87 FOREST HILL LYNCHBURG VA		23a BI	URIAL, CREMATION	N, REMOVAL			23c. NAME OF C	EMETERY OR CR	EMATORY		42.4	OUNTY	CTATE	-
			BURIAL		22 JU	L87	FOREST	HILL		The second secon		201411	STATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR NAME

GREENE FUNERAL HOME, IN 814 FRANKLIN STREET ALEXANDRIA, VIRGINIA 22314

250. DATE REC'D. BY REGISTRAR 256 DEGISTRADE SIGNATURA JULIA JULIA

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#### STATE OF MARYLAND

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	RT	FICATE	OF DEATH	52 /

2	R 87	FOR STATE REGISTRAR	DEPART	. 1 1 4	4			
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEA	THE THOOK
	[TYPE	Or PRINT) Otis	Guv	Ck	napman		7 10 07	12:30 PM
	3 SEX		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT	- 10 01	
	Ma	le	Caucasian	Oct.	15, 1893 YEAR	93	YRS MONTHS 6/	AVS HOURS MIN.
5		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O		1
		est Virginia	U.S.A.	WIDOW		Prince G	eorge <sup>l</sup> s	MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION		D OF BUSINESS OR
1		erdale Heights				Security Of	ficer U.S	Gov't.
2	13a. S	TATE 13b COUN	ce Geo. Riverda			5901 Raver	ZIP CODE Rd.	20737
X		THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME		LAST
1	Wil	liam Her		า	Francis		Mc CI	
]	Ióa V	VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)		17 INFORMANT 4860			and,
	No		402-05-	1418	Beulah M. Pr	ruett, Md.	, 20746	ROXIMATE INTERVAL EEN ONSET AND DEATH
	rion	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	ENCE OF		inal disease or cond		
2	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	DINGS USED SES OF DEATH?
	MEDICAL CER	216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED  WHILE AT WORK AT WORK	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	19	21c HOW INJURY OCCURR 211 LOCATION STREET	ED (ENTER NATURE OF INJUR		STATE
		22c. I certify that (I) (this house saw the deceased alive as above. (I) we said steel as 27k. SIGNAPURE	tul) attended the deceased from 19	37	nd that in (my) (our) opinion of DEGREE  ATTENDING	MEDICAL STAF	F 22c. D	the couses stoted
1		MARK PA	RKHURST M	· D.	22e ADDRESS	T. AVF.		ARK MD

DHMH - 16 60M 7/84 (VRA 15, 4)

Suitland, P.G., Maryland

Burial July 21, 1987 Cedar Hill Cemetery Suitland, P.G., Marylar FR'ANCISTOBASCH'S SONS FUNERAL HOME, P.A. 750 DATE REGISTRAR'S SIGNATURE Maryland

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Theolog ... Frankling Kangaran (1917) SWINN'S WINDWAYS TILL TO

MOUSE IN KHINGS N.D. TIM SOLE THE SOURCE

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PARTMENT	0	F	HE	AL	TH	AND	MENT	AI	Н

CERTIFICATE OF DEATH

REG.	40.	-	4	2
OF DEATH	MONTH	DAY	YEAR	2b HO

н		REGISTRAR						REG. NO.				
		CEASED NAME	FIRST		MIDDLE	l	AST	20. DATE OF DEATH	ONIH	DAY YEAR	2b HOUR	
	(tire	OR PRINT)	CHIAO	YUN I	HUEI	CHING	G	July 28, 19	87		8:35P M	
1	3. SEX	(		4 RACE	2/	5. DATE C		6. AGE (IN YEARS LAST BIRTH		MONTHS DAYS	IF UNDER 24 HRS.	
1	E	Female		Orier	ntal	Augu	st 13, 1918	68	YRS.	MONINS DAYS	HOURS AIN.	
)		RTHPLACE (SIA	TE OR FOREIGN	76 CITIZEN O	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR		OF DEATH		
		China	800 S T	Chir	na	WIDOWE		Prince Geo	rge'	S	MD.	
3	10. CI	TYORTOWNO	FDEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATIO			F BUSINESS OR	
5	. I	Lanham		Doctors	Hospita	1 of	Pr. Geo. Co.	Housewife	,	at ho	me	
er.	USUA 130 S	L RESIDENCE (	F NURSING HOME O		N. GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZID CODE			
	Mar	cyland	1	eorges	Seabrook		YES NO	6509-Woodst			20706	
1	14. FA	THER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NAM			LAS	*	
1		Shiao	- Hv	ang	Chiao		Chu ·	- Tze		Chiao		
1		AS DECEASED		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	S			
	(1	ES, NO OR UNKNOW	No		220-08-	8660	Jau Scott Ji	n(son) Same	as	#13		
1		18 CAUSE OF	DEATH (Enter o	nly one couse p	er line for (a), (b), and	d (c).)		1	4	BETWEEN	MATE INTERVAL ONSET AND DEATH	
ı		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CARDIO-PULMONARY HRREST										
1		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if		(b)_	Pulm	onai	ry Embo	lism				
٩		gave rise to couse (0),	stoting the	DUE TO,	DR AS A CONSEQUE	NCE OF	7	DIP	. 1			
	51	underlying	couse lost.	(c)_	Carcin	ome	a of the L	est Dred	EST			
	7	PART 2 OTHER	SIGNIFICANT	CONDITIONS	CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION GIV	EN IN PART I	31	
	CERTIFICATION		DED ATION	15. 50.		0.000 . 710		To the same of	-A: 15 ME	C 14/505 FILES		
9	FICA	190 DATE OF O	7 67	196. CON		OPERATIO	N WAS PERFORMED		IN CERTIF	S, WERE FINDIN	OF DEATH?	
1	ERTI	210. ACCIDENT W.	AS LINDERLYING	7 1215 THAT	OF INJURY	7	218 HOW INJURY OCCURR	YES NO	YE		NO 🗌	
1			CAUSE OF DE			YEAR	THE HOW HAJOR! OCCORR	RED (ENTER NATURE OF INJURY	IN ITEM 18 P	PART TORPART 2)		
ı	MEDICAL	(IF EITHER, NOTIF	Y MEDICAL EXAMINE		OF INJURY	19	211. LOCATION					
	ME	IN IZ CO	OT WHILE		TREET, FACTORY, OFFICE, F.	ARM, ETC )	STREET	CITY OR TOW		COUNTY	STATE	
		AT WORK	AT WORK	to the second of the		7/3	767	-2/2	.0	27		
Н			eceased olive or	- / 13	he deceosed from_ 198	7 00	nd that in (my) (our) opinion of	death occurred on the dot	e and hou	- /	that (1) (we) last	
١		obove, (I) ( 22b. SIGNATUR	we) (did) (did ni	ot) view the bod	y ofter death	,	DEGREE		, one nee	22¢ DATE		
	200	Class	10. I	1/0	5	1 - 1	ATTENDING	MEDICAL STAFF		7/	2-8/07	
4		22d PHYSICIAN	I'S NAME (TYPE	OR PRINTI	, ,	1=	PHYSICIAN 2	DIRECTOR   PHYSICIA	ZN L	1	0/0/	
		STEPI	HEN I	PR	OTOS N	1. 12	9801 GEOR	GIA AVE. S	ING	2 SPRI	va, MD.	
	23a B	URIAL, CREMAT	ION, REMOVAL	. 236. DATE	23c N	NAME OF C	EMETERY ON PREMATORY	23d LOCATION CITY OR TOWN		COUNTY		
	13	Burial		Aug.1	,1987 Wa	shing	ton National	Suitland, F	rinc		es Co.,MD	
		INERAL DIRECTO					25e. DATI	E REC'D. BY REGISTRAR 2				
	J.I	Wm.Lee's	s Sons	Co.300-	4th St., NE	E, Wash	.,DC20002AUG	4 1987	lulia .	Sider 1	andres	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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	_	-					600000	

059631 JUL	n.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	1 1 4 6
	1.00	REGISTRAR		CERTIFICATE OF DEATH	8 / REG. NO	1 1 4 0
1 75		CEASED NAME FIRST Edward	WIDDLE	Cichocki	July	5, 1987 7. 52 A
10 M	3. SE	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	
of the same of		Male	Caucasian	04°NIH 24 DAY 20'EAR	67	MONTHS DAYS HOURS MIN.
4 32 795		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	
101/2		nnsylvania	United States	WIDOWED DIVORCED		orge's County
· 1174		nty or town of DEATH  heverly	Prince George	APPRESS) General Hospi	120 USUAL OCCUPATIO	
212 hode	USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR		In orner appears to	
AND AND AND		1,50 000	ce Geo Hyattsvil	TOO IN TOINE CITY CUITION	3803 56th	Ave. 20784
RYLL # 19/40		ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N.	AME	
A 1/40	Jo:	seph	Cichocki	Josephine	WIDDLE	Chlebus
Je dend		VAS DECEASED EVER IN U.S. AR			ADDRES	S
TIME TO THE TOTAL		es WW		890 Margaret Ci	chocki (wife)	Same as #13
BAL STATE OF		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), or			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,			TE CAUSE (v)	adiapul mon	as Co	Mapre
NO # PRO P			DUE TO, OR AS A CONSEQU	ENCE OF	·	
RESI		Canditions, if any, which gave rise to immediate	(b)	Color Car	I CER	Alterial Section of the section of t
W. PRESTON		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF		THE REAL PROPERTY.
201			(c)			
DS,	Z	Chronia Chronia	. / . /	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDI	TION GIVEN IN PART 110
w re beer mit.	CERTIFICATION	190 DATE OF OPERATION	- 00 -00000	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
A hos hos	E				YES NOTE	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
VITA N. The Cate Cate Cate Cate Cate Sah	W W	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY	
	14 N	OR CONTRIBUTING CAUSE OF DEA		AY YEAR		
HYS and was a Merican district of the control of th	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	N COUNTY STATE
DIVISION OF  NG PHYSICIA  fifter this cerrif os the bundi- th and Mental  orked ar frem	2	AT WORK AT WORK	(AT HOME STREET, FACTORY, OFFICE,	A SINCE	1	STATE
NDIP NDIP No Ale	100	22a.1 certify that (1) (this haspi	tal) attended the deceased from	107.01	to _ 07. 0	3 19 8 that (1) (we) last
ATTE aspito CCTO d for n of h		saw the deceased alive an above, (1) (Se) (did) (did no	11) view the bady after death.	and that in (my) (aur) apinian	death accurred on the date	e and haur and from the causes stated
OR of house		226 SIGNATURE	1211	DEGREE	lane	22¢ DATE SIGNED
RAL deto	1	1	/ /		DIRECTOR PHYSICIA	IN 7-7-87
OSPI ed b UNE d be the S		( )	Will the state of	12e ADDRESS	of Land	over Rd.
O HOSPITA etoined by TO FUNERA should be do with the Sto			IN C. HEENE		herevy,	MD
		BURIAL, CREMATION, REMOVAL SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		urial INFRALDIRECTOR	July 9, 1987 M	aryland Nat'l Mem	Laurel	Prince Geo. MD
DHMH - 16 60M 7/84	Fra	ancis Gasch's S	ons Funeral Hom	ie.P.A.	1 5 1007	b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

4739 Baltimore Ave. Hyattsville, MD 20781

THE LOVE THE STATE OF Contingalmonal Colignes The State of the S Change adoption for gulmina I proceeded 1 [ 12 ms 24] J Marie House and Joseph Land States CONTROL OF THE PROPERTY OF THE 058898

STATE OF MARYLAND

DEPAR

RTMENT OF HEALTH AND MENTAL H	YGIENE				
CERTIFICATE OF DEATH	8 /	REG. NO.	1 1	4	1
LAST	2a. DATE O	F DEATH MONTH	DAY	YEAR	2b. F

1;	FOR STATE REGISTRAR			DEPARTA		EALTH AND	MENTAL HYO	GIENE /	REG. NO.	1	14	1	
	CEASED NAME	FIRS?	1	MIDDLE		AST		2a. DATE O		ONTH D		26 HOUR	
11111	Mai	ria	Filom	ena	CIF	FOLIL	LI		(	7-02-	-87	12 :25	5PM
3 SE	x emale		4 RACE Caucas	ian	5. DATE C		YE AR		YEARS LAST BIRTH	M	FUNDER TYEAR	IF UNDER 24 H	HRS NIN.
7n BI	RTHPLACE ISTATE OF F	ORFIGN		WHAT COUNTRY?	11	1,	1893	9 BALTIMO	RE CITY OR	COUNTY O	DE DEATH		_
It	aly		United	States	WIDOWE	DX	MARRIED DIVORCED	PRI	INCE GI	EORGE '			MD.
C	TY OR TOWN OF DEA		PRINCE	HOSPITAL, NURSIN				TYPE OF WOR	occupation in the control of the con	WORKING LIFE)		Home	OR
USU, 130, S	AL RESIDENCE (# NURSI STATE aryland	Princ	TY Geo.	Beltsvill	N	YES 🖹	CITY LIMITS?	4910	ADDRESS / : Brando	ZIP CODE on La	ne 2(	0705	
_	ATHER'S NAME FIRST	٨	AIDDLE	Caramanio	·0		R'S MAIDEN NA FIRST alena	ME	MIDDLE		Cianci	ST	
16n V	VAS DECEASED EVER I	N U.S. ARA		166 SOCIAL SECU		17 INFORA		2	70500Es			4.	_
N	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	578-05-3	034	Nicho	las Ciff	folilli C	heverl	y, MI	2070	5	
	1	IMMEDIAT	E CAUSE (o)	CERE	NCE OF		INFA	4			BETWEEN	ONSET AND DEA	TH.
	Conditions, if ony, gove rise to imm couse (o), stating underlying cause	ediote	(b)	R AS A CONSEQUE		0 0	CLEU	1000	<u> </u>				
NO	PART 2 OTHER SIGN	IIFICANT C	ONDITIONS CO			NOT RELATI		AINAL DISEAS		TION GIVE	N IN PART 1	a	
CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTO				NGS USED S OF DEATH?	
	21a, ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW	INJURY OCCUR						
MEDICAL	21d. INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	nt []	21e PLACE (	OF INJURY PEET, FACTORY, OFFICE, F.	ARM, ETC.)	211. LOCA			CITY OR TOW	4	COUNTY	STATE	
	22a.1 certify that (1) sow the decease	d olive on.	7.1	19 8	-	nd that in (m	y) (our) opinion	death occurre	d on the dote	ond hour	ond from the	that (I) (we) I couses stated	
	STA SIGNATURE	9	mil	7	, 1	DEGREE	ATTENDING PHYSICIAN [	MEDICAL	STAFF PHYSICIA	'N 🗆	22c. DATE	SIGNED	
	K . SOS	EOH	MA-			22e ADDR	IVÉQ	DACI		U 9/ N 15-	207:	37	
230 B	BURIAL, CREMATION, P	REMOVAL	07 / 06 /				meterv		or town	n	COUNTY	STATE	

(VRA 15, 4)

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

njury, or other troumotic event, th

marked or Hem 18 shows

MPORTANT: If Hem 21 is

Thomas Casch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, MD 20781

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE which Bridge Bridge medicol

moy be

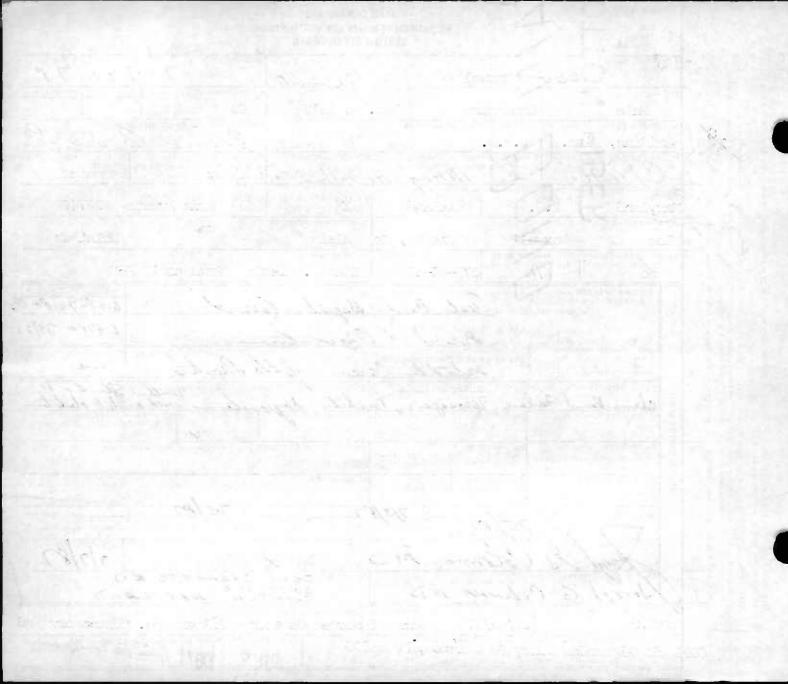
# CTATE OF MADVIAND

						JIAII	OFMARILAND				
	1	FOR			DEPART	MENT OF H	EALTH AND MENTAL HYG	IENE			
	' -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8 / REG. NO	) !	1 1	Ö
-	E DEC	CEASED NAME	FIRST		MIODIE	ı	AST			DAY YEAR	26 HOUR
		OR PRINT)	LEE	Maxw	æll		CISSNA		7 . 5	5-87.	7.P N
	3. SE>	(		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male		Caucasi		Dec	. 1, DAY 1917 YEAR	69	YRS	MONTHS DAYS	HOURS MIN.
1	7a. BII	RTHPLACE (STATE OR FO	REIGN		WHAT COUNTRY?	8.	X NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY	OFDEATH	03
1	Mer	ridian, Mis	s.	U.S.A.		WIDOWE		PRINCI	E C	DEON	GGJ MD
1	10. ČI	TY OR TOWN OF DEAT	H ()	11. NAME OF I	HOSPITAL, NURSIN	ADDRESS)	ND HOSPITH	12d USUAL OCCUPATION TYPE OF WORK FOR MOST OF Analyst			F BUSINESS OR ter
- 17	USUA	AL RESIDENCE (IF NURSIN	IG HOME OF	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	E AOMISSION)	100/11/				
5		yland	P.		Suitlan		13d. INSIDE CITY LIMITS?	6008 Maria	ZIP CODE Avenu	e 20°	746
~	14 FA	THER'S NAME		WIDOLE	LAST		15 MOTHER'S MAIDEN NA	ME		241	1
)	Le		Max	well	Cissn	a, Sr	Elsie	Mode		McIn	tosh
	16a W	VAS DECEASED EVER IN			166 SOCIAL SECU		17 INFORMANT	ADDRES	S		
	( )	NO OR UNKNOWN)	N VES. GIV	A A	577-40-6	347	Edna B. Cis	sna Same a	s 13		
		18 CAUSE OF DEATH PART I. DEATH WA			lipe for (o), (b), on	d (c).)	0 1	/ /		BETWEEN C	MATE INTERVAL
				E CAUSE (0)	leute (	is sho	" Respection (	errest.		6.41-	7.010
	130			DUE TO, O	R AS A CONSEQUE	ENCE OF	2			1:470	PM 7/5/8
		Conditions, if ony,		(b)	Bronche	1	issister				1-18
		gave rise to imme		DUE TO O	R AS A CONSEQUI	ENCE OF	, ,	1101	/		
		underlying couse	lost.	(()	molatel	- C	remon oft.	he snostite	5	· see	60
		PART 2 OTHER SIGNI	FICANT (	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	DESIGNA	F STERLL	FP:
	ō	Chemic Rom	1 7c	elare.	Unaseas	7.7	is heter May	mustamen i	outh o	Tel. 1 6	obel to
7	CAT	198 DATE OF OPERATE	ON	19b. COND	ITION FORWHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	, WERE FINDIN	GS USED
~	CERTIFICATION							YES NOW	YES		NO [
5	CER	210. ACCIDENT WAS UNDE	-			AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PA	ART I OR PART 2)	
7	AL	OR CONTRIBUTING CA				19					
	MEDICAL	21d INJURY OCCURRE		21e PLACE	OF INJURY		211. LOCATION				
	¥	WHILE NOT WHILE	1	(AT HOME, STE	REET, FACTORY, OFFICE, F	FARM ETC )	STREET	CITY OR TOW	7	COUNTY	STATE
		220.1 certify that (I) (I		tal) attended th	e deceased from_	7/8/	19	10 10/81		19	that (I) (we) lost
		any the discessed	colive on	25/8	7 19_	, or	d that in (my) (our) opinion	death occurred on the dat	e ond hour		
		District (I) See   die	district no	ti view the body	offer death.		DEGREE			22¢ DATE	SIGNED
	8	Bent.	2	Colo	mo	M	ATTENDING PHYSICIAN	MEDICAL STAFF		7/	1/87
1		22d PHYSICIAN'S NAM	ME (TYPE C	R PRINT)	W. Pharte		22e ADDRESS 7501	SURRAT	TS K	27).	
	1	Joseph	6.	Colono	WA MIJ		SUITE	TON MA	RYL.	AND	
		URIAL, CREMATION, RI	EMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		říál _		07/09/	87 G	ate of	Heaven Cemet	ery Silver	Spg.	Montgo	mery M
	24 FL	INERAL DIRECTOR LE	e rt	meral h	lone, Inc.	*N.3 20	772E 250. DAT	E REC'D. BY REGISTRAR 2			

BP.

OHMH-1660M7/6633 Old Alexander Ferry Rd Clinton, Md 29735

Julia Devicer Cont



ARYLAND 21201	within 24 hours after death. Page 4 may be	oletely in a common and the common and the control of 2 s norm of the control of
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the amendative on and completely find in the firming director, page 3 should be detached for use as the burial-transit permit. Then please removements Pages 1 and 2 should be detached for use as the burial-transit permit. Then please removements are the provided that the provided the provided that the provid

001	100	JUL 2	3 67	FOR			0.00 1.00 1.00		OF MARYLAND			
* **			1-	STATE REGISTRAR			DEPAKI		EALTH AND MENTAL HYGICATE OF DEATH	PREGAO.	14	9
	-			CEASED NAME	FIRST		MIDDLE	· ·	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	le 4 may be letar, page 3 s after death	754 13	,,,,,,	On the training	ELIZA	BETH	В.	CL	ARK	07	17 87	11:20RM
	may.		3 SEX			4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	ge 4			Female		White		Oct	. 11, 1900	86 YR		HOURS MIN.
	Po Po	1/2 OH	79-81F	THPLACE (STATE OR	OREIGN		WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR COUN		
	death	G120		ndiana		U.S.A		WIDOWE	DIVORCED [	PRINCE GEORGE	S COUNTY	MD.
	Ter of	3/1	1	Y OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		PR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		F BUSINESS OR
1201	burs of	17	-	L RESIDENCE (IF NURS	ING HOME OF	PRINCE	GEORGES  GIVE RESIDENCE BEFORE	HOSPI	TAL CENTER	ManAger .		Bureau
BALTIMORE, MARYLAND 21	in 24 ho	35	M M	aryland	136 COUN	vert	Dunkirk		13d. INSIDE CITY LIMITS? YES NO 🔀	3913 Lakeside	Ct., 2075	54
ARYL	with letely d 2 s	1/4	14 FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE	LAST	
. W.	oted w	1/3/4	1	Joseph			Bojewitz		Lena	007.005000	Kaschi	
ORE	exection of the control of the contr	die 1	160 W	(AS DECEASED EVER ES, NO OR UNKNOWN) NO		WE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	3913 Lakes	ide Court	,
WILL	be be	E		110					Dominic B. Ra	aino-Dunkirk, M		
	rificot de la constantina della constantina dell	event, t		PART I. DEATH W	'AS CAUSE	nly one couse per ED BY: TE CAUSE (o)	line lar (a), (b), and	dia	Arrest		BETWEEN	MATE INTERVAL DISET AND DEATH
N N	e P	otic o				DUE TO, OI	R AS A CONSEQUE	NCE OF				
EST	deo	froum		Conditions, if any,		(b)	lesoc	4081	5			
W. PR	at the by the se rem	, cremo	1	gove rise to immore couse (a), stating underlying couse	g the	DUE TO, OI	R AS A CONSEQUE	NCE OF				
, 201	es th	0,0		PART 2. OTHER SIGN	VIFICANT (	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	
ORDS	8 c F	t E	NOL	(0)	77							
RECO	law r	s on	CERTIFICATI	190 DATE OF OPERA	TION'	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDIN RTIFYING CAUSES	GS USED OF DEATH?
IAI	The lo		ERTI	21a. ACCIDENT WAS UNI	DEBLYING F	7 21b. TIME O	E INTITION		121. HOW IN HIPV OCCUP	YES NO	YES 🗌	но 🗆
<u> </u>	SICIAN: T ng physici certificate rial-transi	ar Hem 18 sho		OR CONTRIBUTING	-	HOUR A.	M. MONTH DA	Y YEAR	THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
Z	YSIC Jing s cer	ar Her	MEDICAL	(IF EITHER NOTIFY MEDI		P. PLACE (		19	211. LOCATION			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	affer this	ked	ME	WHILE NOT WE AT WO			EET, FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR TOWN	COUNTY	STATE
-	TENDII tal or OR. A	is mor		220.1 certify that (I)		-	I I many	~			0	that (I) (wa) last
	F & F +	2 2	50	sow the decease	ed olive on did) (did <del>-ec</del>	t) view the body	itter death.	/		death occurred on the date and	hour and from the c	couses stated
	TO HOSPITAL OR AT retained by the hosp TO FUNERAL DIRECT should be detached for	Dept.	4	226 SIGNATURES	N I	///	\		DEGREE ATTENDING	MEDICAL STAFF	The DAY	SIGNED TO
	TAL Sy th RAL det	Z Z		Kal	10	8 m	en V	1.	M.D. PHYSICIAN	DIRECTOR   PHYSICIAN	///	7/1/
	osp ed b	the S		226. PHYSICIAN'S N					122e ADDRESS	oro, Md. 20772	1	-
	TO FUNE should be	with the Stat				olmes, M			1			
	BP		(:	urial, cremation, Burial		7/22/			Cemetery OR CREMATORY	Michigan City	(LaPorte)	) Indiana
	DHMH - 16 6 (VRA 15		Ri Fu	chard A. (neral Home	Colema	an Ur	per Marl	3972,	250. DAT	E REC'D. BY REGISTRAR 256, REC		URE CALLED

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	15-	STATE REGISTRAR		CEI	RTIFICATE OF DE	ATH	8 REG. NO	. 2		5 0
		CEASED NAME	RST /	AIDDLE	LAST	2	G. DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR
	(TITE	OR PRINT)	hn RA	LPH	Clarke	SR.	July	11, 198	7	73AM
	3 SEX	× 11 A	4. RACE	0	ATE OF BIRTH		AGE IN YEARS AST BIR			FUNDER 24 HRS
0	17	Male	11 Day	te	2 2 DAY	34	5.3	YRS	DAYS H	OURS MIN
		RTHPLACE (STATE OF FOREN	GN 76 CITIZEN OF	WHAT COUNTRY?		_ 9	BALTIMORE CITY O		EATH	
1	C	MD.	1/15		RRIED NEVER MA	RRIED W	Privaca Co	added C	1.	
7	10. CT	TY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSING HO			20 USUAL OCCUPATE	ON 0 12	KIND OF E	MD.
9	0	1 1.	O IF NOT IN SUC	H FACILITY, GIVE STREET ADDRES	s) / AAC	0 8	TYPE OF WORK FOR MOST O	F WORKING LIFE) : IN	DUSTRY	
	IASTIA	AL RESIDENCE HE NURSING H	1 Inevie	w Manor E	METHIN COM			ressmar	1	
0			COUNTY	13c, CITY OR TOWN	13d. INSIDE CITY	LIMITS? 13	SESTREET ADDRESS	ZIP CODE		
2	M	alyan !	T Maly 3	Hallywood	YES N	I Kol	RTI BE	× 841	/206	36
1	f4 FA	THERE NAME	WIDDIE	LAST	15. MOTHER'S A		MIDDLE		LAST	
		John	Aubrev	Clarke	Agne		ou		opse	V
		VAS DECEASED EVER IN L		166 SOCIAL SECURITY N	O. 17. INFORMANT	T	ADDRE			399-1
	IA	(IF NO OR UNKNOWN)	YES, GIVE WAR OR DATES)	21630387	6 Shirle	ev L.	Wheeler,			Park, M
		18 CAUSE OF DEATH (E	nter only one couse per	line for (o), (b), and (c).		, ,		T		TE INTERVAL
		PART I. DEATH WAS	CAUSED BY	an Cin	ama /	Lan	Mand			
	>	9799				1				
		Conditions, if ony, wh		R AS A CONSEQUENCE	OF	0		DESCRIPTION OF THE PARTY OF THE		
		gove rise to immedi-	ote							
		couse (o), stoting underlying couse le	ost. DUE TO, OF	R AS A CONSEQUENCE	OF			100		
		P. D. C.	(c)							
	z	PART 2 OTHER SIGNIFIC	LANT CONDITIONS CC	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	2		DITION GIVEN IN	PART 110	
	CERTIFICATION	Any 20 1	Head My	my ( Kingh	me orga ) L	. /				
7	ICA	190 DATE OF OPERATION	146 8000	MON FOR WHICH OPER	ATIONWAS PERFORM	MED	20a AUTOPSY?	20b. IF YES, WEF		
$\angle$	RTIF						YES NO	YES 🗌		NO 🗆
3		210 ACCIDENT WAS UNDERLY	110110 4	f injury M. month day y	FAR 21c. HOW INJU	RY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM TO PART TO	RPART 2)	
	CAL	OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICALES	L OF DEATH		19					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	211 LOCATION		CITY OF TO	ara C	OUNTY	STATE
1	¥	WHILE NOT WHILE	[AT HOME STR	EET, FACTORY, OFFICE FARM, ET	C) SINCE!		CITORIO	WN	301411	SIAIE
	550	220.1 certify that (I) (this	s hospital) attended the	deceosed from 6	179	1977	, to 7/11	19.	) the	of (I) (we) lost
0		sow the deceased of	live on 7/10	19	ond that in (my) (or	ur) opinion dec	oth occurred on the do	te and hour and	,	
7		22b. SIGNATURE	(did not) view the body	offer deoth,	DEGREE			12	2c DATE SIG	GNED
		KI	when v	7 -		ENDING	MEDICAL STAF		7/11/	67
-		22d PHYSICIAN'S NAME	(TYPE OR PRIN		22e ADDRESS	YSICIAN []	DIRECTOR   PHYSIC	IAN	1111	8 /
		8621	Matt	AAN	62 7	2 7	6 Ch m	× ma	1 )	2116
+	22 5	Nez-M	(10)//	1811		5) 4	1		1 20	191
	23a B	URIAL, CREMATION, REM			OF CEMETERY OR CRE	MATORY	23d LOCATION CITY OF TOWN	cou	NIY	STATE
		remation	7-14-	-87   Ceda	r Hill		Suitlan		G.	MD.
	24 FU	INERAL DIRECTOR				25a. DATE R	REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATUR	E

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the other ding physician and completely filled in by should be detached for use as the burnal-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burnal, cremations at removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospital or offending physicion.

BP.

MPORTANT: If them 21 is morked or Item 18 shows ony injury, or other troumotic event, the

medicol exomin

(VRA 15, 4)

W.Clarke Mattingley, Leonardtown, MD

SUL 1 5 1987 , - www.doon-Mondake

1-	FOR STATE REGISTRA

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	REGISTRAR				CERTIFI	CATE OF DEATH	8 REG. NO	. 2	1 1	Page 1	1
	CEASED NAME	FIRST		NIOOFE	U	AST	20. DATE OF DEATH	MONTH OF	AY YEAR	26 HOUR	33
, ,,,	I	ILL	EE E	3.	COLEMA	ÀN		0 70	3 87	1Pm	М
3. SE	(		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24	A HRS
	Female		Blac	ck	April		68	YRS	JAMES DATE	1100113	prites.
	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8.	NEVER MARRIED	9. BALTIMORE CITY O	COUNTY	OF DEATH		
Mis	ssissippi		U.S.A	۸.	WIDOWE		PRINCE G	EORGE	S COU	NTY	MD.
10 C	TY OR TOWN OF DEA	ТН		HOSPITAL, NUR		R OTHER INSTITUTION	12a USUAL OCCUPATION		126. KIND O	F BUSINES	SOR
C	LINTON			RN MAR		HOSPITAL	Housewit		Home	2	
13a. S	AL RESIDENCE (IF NURSI STATE Chigan	136 COUNTY	VTY	GIVE RESIDENCE BEF 131. CITY OR TO Bitely	NWC	134 INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / 8829 First		t i	7999	79
14 FA	THER'S NAME		MIDDLE	£AST.	1	15. MOTHER'S MAIDEN NAM	ME MIDDLE		LAS	7	
(	Carl			McSh	nan	Hattie	into te		Paine		
16a V	VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SE	CURITY NO.	17 INFORMANT	4511 ADDRE				
(	NO OR UNKNOWN)	(IF TES, OIV	E WAR OR DATES!	426-42-	-7506	John DeLoach	Forestvi	lle, M	1d. 207	747	
CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), statin underlying couse  PART 2 OTHER SIGN 19a DATE OF OPERAL	nediate g the lost	DUE TO, OF	19041	O DEATH BUT	NOT RELATED TO THE TERM CHANGE WAS PERFORMED	VINAL DISEASE OR CONE	206 IF YES,	WERE FINDING CAUSES	IGS USED	1?
RTIF							YES NO	YES		№ □	
MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CC (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR	AUSE OF DE	P. PLACE (	M. MONTH M.	DAY YEAR 19	216 HOW INJURY OCCURR	CITY OR TO		COUNTY	51A	ATE
2	WHILE NOT WH	ILE	(AT NOME, SIK	EET, FACTORT, OFFIC	.E. PARM, ETC 1	. 00	77/	,	2		
	22a. I certify that (I) sow the decease above, (I) two la		17760		87.6n	d that in (my) ( <del>our) o</del> pinion (	deoth occurred on the do	te and hour	and from the		
	22b. SIGNALIA	7			C	ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	SIGNED	
	Franco	M.	RyAN/	M.D.		9401 JUDA	) Herapthy	4 7.	WASh	Ma	1.
	SURIAL, CREMATION, SPECIFYL Burial	REMOVAL	July 8			EMETERY OR CREMATORY  Cemetery	Lilley Tor	vnship	Neway	go Mi	čh.

BP. DHMH 16 60M 7/84 (VRA 15, 4)

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows

Lilley Township Newaygo Mich.

July 8,1987 Lilley Cemetery Lee Funeral Home, Inc. 14 FUNERAL DIRECTOR Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd. Clinton, Maryland

250 DE REY D.

TO FUNERAL DIRECTOR. After this certifical should be detoched for site on the burnol-tra-with the State Dept. of Health and Mental # MPORTANT: If hem 21 is marked or hem

DHMH - 16 60M 7/8 (VRA 15, 4)

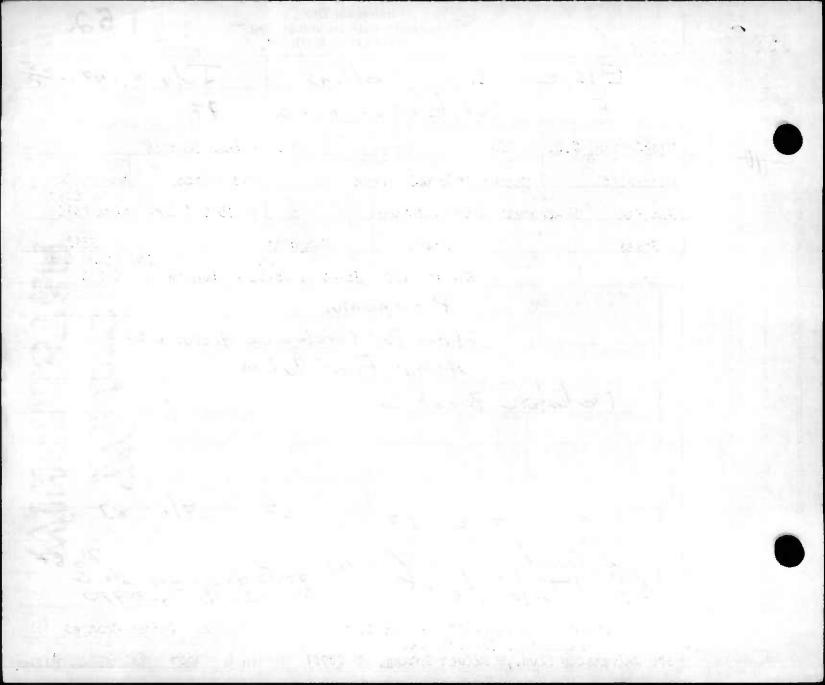
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FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Z- JI	L I	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO			~
		CEASED NAME FIRST	MIDDLE		AST //	20 DATE OF DEATH	AONTH DAY	YEAR	26 HOUR
	,,,,,	ORPRINTI E (Sie	E.	( 0	ollins	101	V 5	1987	12-PM
	3. SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH		IDER 1 YEAR	IF UNDER 24 HRS
		+	wh	ile To	4 6, 1910.	77	YRS	HS DAYS	HOURS MIN.
5/1/	7a. 81	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY	- C NEVER HARRIER C	9 BALTIMORE CITY OF		DEATH	
4/	Wa	ishington, D.C.	USA	WIDOWE	D NEVER MARRIED DIVORCED X	Prince Geo.	HOOK		MD
So T		ITY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATIO	)N 1		F BUSINESS OR
5//	GH	eenbelt.		ity, give street ADDRESS)  Nursing Ho	mo	Supervisor		CCOUN	tina
1	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RE	SIDENCE BEFORE ADMISSION)				CCOUNT	20901
활성		vruland Monte	6:1	ever Spring	136 INSIDE CITY LIMITS? YES \( \text{NO} \( \overline{\chi} \)	11215 Oak		ino #	
ner		ATHER'S NAME	gomery Bul	ver sprang	15. MOTHER'S MAIDEN NA		Lean on	rue "	310
E T		FIRST	MIDDLE	Harley	FIRST	WIDDLE		LAS	le
ê/ L/	16a. V	James	MED FORCES? 1166.5	OCIAL SECURITY NO.	Margaret 17 INFORMANT	ADDRES	5 6308		Lane
edic			/E WAR OR DATES)		30	r.	0300		
5		no		8-18-2130	James L. Côl	lins Lanha	m, MU	20706	
t, ti		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		Presme	- 44			BETWEEN	MATE INTERVAL
9 6		IMMEDIA	TE CAUSE (o)	7 16 0 m	DAIG.				
notic			DUE TO, OR AS	CONSEQUENCES	1 (prebrow	11	~ 7		
rour		Conditions, if any, which gave rise to immediate	(p) 3	4105 101	1 ( Preprove	sc. Accid-	K 0.		
her		cause (a), stating the underlying cause last.	DUE TO, OR AS A	SONSEQUENCE OF	E-1:11.1	• • • • • • • • • • • • • • • • • • • •			
orot		onderlying cause last.	(c)	TT-101 1	(D) ( Jar	9.11			
nlory.	NO	PART 2 OTHER SIGNIFICANT	1 1/2 2	east Ca.	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	N PART II	
10	CAT	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	IGS USED
1/- /	E					YES NO	YES [		NO [
0	89	21a. ACCIDENT WAS UNDERLYING		JRY MONTH DAY YEAR	21c HOW INJURY OCCUR	ED (ENTER NATURE OF INJUR	IN ITEM TO PART I	OR PART 2)	
17	¥	OR CONTRIBUTING CAUSE OF DE.		19					
8	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF IN.		211 LOCATION	CITY OR TOW	/N .	COUNTY	STATE
2	Σ	WHILE NOT WHILE	(AT HOME STREET, FAI	CTORY, OFFICE, FARM, ETC.)	SINCE	CITI ON TOWN	"/		JINIE
		AT WORK AT WORK			1 /		/		
mon		AT WORK AT WORK	tol) ottended the dece	eosed from	5/5 19.87	- to 91	6 19	27	that (I) (we) last
21 is mark		220 1 certify that (1) (this hosp	ital) attended the dece	eosed from 87, or	nd that ((m) (aur) apinion	to	6 19		that (we) last
em 21 is mark			ital) attended the dece	deoth.	nd that (m) (aur) apinion	, todeoth accurred on the da	6 19		souses stated
if them 21 is mark		22a.1 certify tha (1) (this hosp sow the deceased give or above (1) was aid and	ital) attended the deco	deoth.	DEGREE ATTENDING	MEDICAL STAF		d from the	souses stated
ANT: If hem 21 is mark		27a.1 certify that (1) (this hosp saw the deceased alive or obove (1)) was faid and no 27b. SIGNATURE	at) view the body after	deoth.	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	AN 🗌	d from the	couses stated
DRTANT: If hem 21 is mark		22a.1 certify tha (1) (this hosp sow the deceased give or above (1) was aid and	at view the body after	deoth.	DEGREE  ATTENDING PHYSICIAN  122 ADDRESS 7500	MEDICAL STAF	AN CH	120 DATE	souses stated
MPORTANT: If Bern 21 is most	22-5	27a I certify that (1) (this hosp saw the deceased alive or obove (1) was talled and no 27b. SIGNATURY  27d THYSICIAN'S NAME TIPES	at view the body after of the parties of the partie	deoth.	DEGREE  190 ATTENDING PHYSICIAN F	MEDICAL STAFI	AN CH	d from the	souses stated
MPORTANT: If hem 21 is most		270.1 certify the (1) (this hosp sow the deceased glive or obove (1) was failed and no 27b. SIGNATURE 122d PHYSICIAN'S NAME ITYPE 122d PHYSICIAN'S NAME ITYPE 132d PHYSICI	at view the body after of the	deoth.	DEGREE  190 ATTENDING PHYSICIAN PHYS	MEDICAL STAFI	AN - 20	POPULATE OF THE PROPERTY OF TH	STATE
MADRIANT: If them 21 is migral		270.1 certify that (1) (this hosp saw the deceased live or obove (1) was failed lid no 177b. SIGNATURE 27d PRYSCIAN'S NAME LIVE CONTROL OF THE SURIAL, CREMATION, REMOVAL	23b DATE JULY 9. 198	23¢ NAME OF C	DEGREE  170 ATTENDING PHYSICIAN 1220 ADDRESS 7500 EMETERY OR CREMATORY  Hill	MEDICAL STAFI	Prince	Prom the 22 DAIE 21 The 22 The	SIALE MD



		1-	FOR STATE		D	EPARTMENT OF		AND MENTAL H				4 -
		1.00	REGISTRAR	EIDST N	MED	MIDDLE		ERTIFICATE C		RIG. NO		5 3
1609		28	POPRINT)	7/01///	da Ann	1	ppag	_	01	TH MATED	7/24	F 19 87
2	DIRECTOR DIRECTOR DUR FILES 72 HOUR DN STREET	3. SE	. /	Caucasia	n July 26	1924 62 YEAR	PAY) MONTH	DER 1 YR. IF UNDER	MIN. PRONO	ATE DUNCED AD	7/24	87/194
	IS NECESSARY, PLEASE E FUNERAL DIRECTOR: E S FOR YOUR FILES. ED, WITHIN 72 HOURS WERESTON STREET,	7a. 8	IRTHPLACE (STA	nia	76. CITIZEN OF WH.	AT COUNTRY?	8 MARRIE WIDOWI	ED NEVER MARR	IED .	nce Georg	_	FDEATH
	>EOES \	10 0	TY OR TOWN O	ings	11 NAME OF HOSP	ITAL, NURSING HOM			12a. USUAL OC	CUPATION (TYPE WORKING LIFE)	OF WORK 12b	KIND OF BUSINESS OR INDUSTRY
. 21201	IH. IF ANY DELA 1, 2, AND 3 TO M 3. RETAIN PA D 2 SHOULD BE ITAI RECORDS	130 M	AL RESIDENCE (1	FIN NURSING HOME C 13b.COUN Prince	George's	131 CITY OR TOWN	ION)	13d INSIDECITY LIMITS? YES NO	13°7410 AP	embroke	Dr. 2	20735
RE, MD	ANGER		Stephe		John	Chervan:		15. MOTHER'S MAIDI Anne	I	rene	Kr	novich
BALTIMORE	AFTER DE INE PAGE H FORM NGES 1, A ISION OF	(	WAS DECEASED YES, NO, OR UNKNOW 10	EVER IN U.S. AR/	MED FORCES? WAR OR DATES)	166. SOCIAL SECURI 195-16-53		II. INFORMANThu Lindon C		ADDRESS	as 13	3 - 0
BAL	URS AL WITH WITH DIVIS	H			ly ane cause penline f		22	THIOOH O	oppage	Salle	as 13	a - e
W. PRESTON ST	PENCIL IN 72 HO PENCIL IN 17EM I AMINER ALONG TRANSIT PERM ENTAL HYGIENE OR REMOVAL.	N. Carlot	Canditians gave rise	IMMEDIAT  i, if any, which to immediate stating the under-	DUE TO, OR A	S A CONSEQUENCE	OF	eleute (	Lardie)	roculo	dist	ETWEEN ONSET AND DEATH
RECORDS, 20	E SHOULD BE EXECUTE WORD "PENDING" IN E CHIEF MEDICAL EX BE USED AS A BURIAL NI OF HEATTH AND M BURIAL, CREMATION	Z C			(c)ONTRIBUTING TO DEATH OF	IT NOT RELATED TO THE TER	MINAL DISEASE	DR CONDITION GIVEN IN PA	RT 1 a.			
ITAL REC	HOULD IN THE WILL OF HEAD OF H	IFICATION	190 DATE OF	OPERATION	19b. CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORMED?		1932	20	YES NO P
DIVISION OF VITAL	CERTIFICATE SH ITING THE WOR DED TO THE CI E 3 SHOULD BE ( DEPARTMENT ( DEPARTMENT (	MEDICAL CERTIFICATION	210 EXTERNAL UNDERLYING CONTRIBUTION			NJURY MONTH DAY YEA	R 21c HC	OW INJURY OCCURRE	D (ENTER NATURE O	F INJURY IN ITEM 18 P	ART I OR PART 2)	100
DIVISIO	WARDED 1 WARDED 1 PAGE 3 SH TATE DEPA	MEDI	VHILE AT WORK		21e PLACE O STREET, FACTO	FINJURY (ATHOME, RY, FARM, ETC.)		CATION TREET	CITY OI	RTOWN	COUNTY	STATE
	XAMINER: ERTIFICATE ID BE FORV MRECTOR: WITH THE S ARYLAND,		22a I certify death resulted	that I taak charg	e of the remains described causes		Autaps	Hamicide .	Undetermined		d in my opiniar	- h - k-n
7	EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, WI BALTIMORE, MAR		ACTUAL SIGNATURE ( EXAMINER'S N	Thefun	Stop Pod	riguez, M.	M.	D. Deputy	MEDICALE		DATE SIGNED	7 ps/87
	FXECU PAGE TO FL BALTU	73e F		ON, REMOVAL 2		23c. NAME OF CE		ADDRES 5009 R	23d. LOCATIO		рте н11	.1s, MD
07/84	BP	B	rial		7/28/87			Cemetery	CITY OF TOWA	nham, P	rinceGe	eorge's MD
25M	DHMH - 17 (VR A15 ME 663	3 O.	UNERAL DIRECT	Lee Fu nder Fer	neral Home	inton; MD	2073	5 JUL	27 198		Darden	ATURE

STATE OF MARYLAND

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DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT If them 21 is marked or frem 18 shows any injury, or other traumatic event, the medica

FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 1	my 63
	- ~
REG. NO.	
REG NO	

á	7 9	TREGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		
9	DE	CEASED NAME	FIRST		WIODIE	4	AST	20. DATE OF DEATH MONTH DA	Y YEAR 2b. HOUR	
	,		RESA		P. (	COURT	NEY	JULY 15.	1987 9:43 %	
1	3. SE)			4 RACE		5. DATE C			UNDER 1 YEAR IF UNDER 24 HRS	
		emale		Black		8	15 1908	78 yrs.	TOOKS MIN.	
^	0	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY C	F DEATH	
1	A1	labama		U.S.A		WIDOWE	DIVORCED [	PRINCE GEORGES	COUNTY MD.	
/	10. CI	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY	
		LINTON		SOUTHE	RN MARYI	AND	HOSPITAL	Seamstress .	Private	
-	USUA 13a. S	AL RESIDENCE (IF NURS	13b. COUN		11. CITY OR TOW	V	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE		
		aryland	P.G.		Upper Man	rboro	YES 🖟 NO 🗆	11308 Brookdale	Ln. 20772	
A		ATHER'S NAME FIRST		MIDOLE	LAST_		15. MOTHER'S MAIDEN NA/	WE	LAST _	
1	Pe	eter			Marsha:		Rose		Marshall	
		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU		17. INFORMANT	ADDRESS		
	no	)			165-10-32	270	Joseph Lee	11308 Brookdale		
d		18. CAUSE OF DEATH	H (Enter an						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		PARTI. DEATH W		E CAUSE (a)	CARDIOPU	ILMON	ARY ARREST		MINUTES	
		Conditions, if any, which ( ) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE.								
		Conditions, if any, gove rise to imm		(b)_4	ATHEROSC	LERC	TIC CARDIO	ASCULAR DISEAS	E. YEARS.	
1		cause (a), statin	g the	DUE TO, O	R AS A CONSEQUE	NCE OF	O			
					SEPTICEN			CCUS AUREUS.	DAYS.	
	NO	ŔĔĊŮŔŔĔŴ	TEST	ROKES ,	AND COM	SEATH BUT	ACRAL AND	INAL DISEASE OR CONDITION GIVEN	ITII, ANEMIA.	
2	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH		N WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED	
	TIFIC							YES NO XX YES	NG CAUSES OF DEATH?	
	CER	210. ACCIDENT WAS UND	_			V VEAD	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)	
7		OR CONTRIBUTING (			M. MONTH DA M.	Y YEAR				
	MEDICAL	21d. INJURY OCCURE		21e. PLACE	OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STATE	
	×	MHILE NOT WH	RK	(AT HOME, STE	REET, FACTORY, OFFICE, FA	KKM, ETC)	JINEET			
		220.1 certify that (1)	(this haspi	tal) attended th	e deceased from	une	29 , 19 87	, to July 15, 19	87 , that (I) (we) last	
		saw the decease above, (I) (we) (c			after death.	, ar	nd that in (my) (aur) apinion (	death accurred on the date and hour o	and from the causes stated	
1		22b. SIGNATURE					DEGREE		224. DATE SIGNED	
			Pita	IN dh	Jon-	M	I.D. ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	7-15 '87	
7		224. PHYSICIAN SNA		end		9	22e. ADDRESS 7900	Old branch ave	Suite 101	
		PETER	W.Y.	IM M.D			CLINT	ON MARYLAND 20		
		BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		
	(	Buria1		July 20	). 1987 Ed	len La	ndovom		laware Pa.	
	24 FL	JNERAL DIRECTOR			ACICRESS	M	iu,	E REC'D. BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE	
	J	J.B. JENKIN	IS &S	SE\$ 747	4Landover	rd	JUL 24	1987 / 1	- Pondor	

JUL 2 4 1987

1 - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.	3	. 0
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7	00	
		_

Wia Diridson Randalls

١	87	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
1		CEASED NAME	FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR D
	(IIIFE	OR PRINT)	LOUISI	E Je	anette	CHN	NINGHAM	July 26.	1987		8:30 M
ı	3. SE	X	4.	RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
-		emale		Cauca		Feb	ruary 6, 1894	93	YRS.	ONTHS BATS	HOURS MIN.
9		RTHPLACE (STATE OR	FOREIGN 76		WHAT COUNTI	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
	N	ew York	1	U.S.A		WIDOWE	DIX DIVORCED	Prince Ge		5	MD.
1		yattsville	13.3	(IF NOT IN SUC	HOSPITAL, NUR HEACILITY, GIVE STI IND AVE	REET ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF Homemaker	OF WORKING LIFE	INDUSTRY	Home
1	USU/ 13a S	AL RESIDENCE (IF NUR	13b COUNTY P.G.		GIVE RESIDENCE BE	OWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 6222 42nd	ZIP CODE Avenu	e 207	81
/	JA FA	ATHER'S NAME	448	ODLE	1467		15. MOTHER'S MAIDEN NA				
1		Augustu		DOLE	Bette	ers	Charlot	te		Helbig	
1		VAS DECEASED EVER		ED FORCES?	16b. SOCIAL SI	ECURITY NO.	17 INFORMANT	ADDR			d Avenu
	Ne	O	(# 10, 011	THE OR DATES	578-07-	-0239	Doris McClos	ky (Daught	er)Hya	attsvill	e, Md.
1		18 CAUSE OF DEA	TH (Enter only	one cause per	line for (a), (b)	, and ici.1				APPROX BETWEEN	MATE INTER 20.78
		PART I. DEATH V	MAS CAUSED		Card	iac f	trres		W. 199	-0	-
		Conditions, if any gave rise to im cause (a), stati underlying caus	ng the	(b)	RAS A CONSER Hyper RAS A CONSER	rTens	ive Cardio	Vascular '	DISCALE	16-	tyrs
	NO	PART 2 OTHER SIG	NIFICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	a
1	CERTIFICATION	190 DATE OF OPERA	ATION	19b COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
-		710. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAI	RT I OR PART 2)	
	MEDICAL	21d INJURY OCCUR	HILE []	21e PLACE (AT HOME, STR	OF INJURY	ICE, FARM, ETC )	21f LOCATION STREET	, CITY OR TO	)WN	COUNTY	STATE
		220 I certify that (I saw the decear above, (I) (we)	sed alive an_	20 001	y 87		d that in (my) (aur) apinian	, to 987 death accurred an the d	ate and have		that (I) (we) last causes stated
	20	226. SIGNATURE					DEGREE	9 5 1		22c. DATE	SIGNED
		Dan	don	WK	lley-	mn	ATTENDING PHYSICIAN [	MEDICAL STA		07-2	27-87
		22d PHYSICIAN'S N	AME (TYPE OR P	RINT)	1		22e ADDRESS				
		Gordon 1	W. Kell	ey			6124 41st Av	e., Hyattsv	ille, M	larylan	d 20782
		BURIAL, CREMATION		23b. DATE	2	3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
		Buria	ıl	07/29/	87	Fort Lir	ncoln Cemeter	y Brentwo	od P.	G. Ma	aryland
	24	RANCISC	ASCH'	S SON			OME, P.A 250. DAT			RAR'S SIGNAT	

4739 Baltimore Ave., Hyattsville, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic

## STATE OF MARYLAND

n.	FOR STATE			F HEALTH AND MENTAL HY	GIENE	1186
1	REGISTRAR		CER	IFICATE OF DEATH	B REG. NOT	1 1 3 0
	CEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MO	INTH DAY YEAR 26 HOUR
	H	elen	1)0	ndu	0	7 05 87 7:05 AM
3 SE	X _	4. RACE		E OF BIRTE	6. AGE JIN YEARS LAST BIRTHD	
10.11	FEMULE	Black	N	5°, 19°T°7	6 9	YRS. MONTHS BATS HOURS MIN.
	IRTHPLACE   STATE OF FORE	IGN 76 CITIZEN OF	WHAT COUNTRY? 8.	RIED NEVER MARRIED	9 BALTIMORE CITY OR	
	South Caro	lina US		WED XX DIVORCED	Prince G	ebrge MD
10.0	ITY OR TOWN OF DEATH	7	HOSPITAL, NURSING HOM HFACILITY, GIVE STREET ADDRESS)	Ext. Care Conte	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Retired-Ho	ORKING LIFE) INDUSTRY
	AL RESIDENCE (IF NURSING STATE Washington		GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z 2607 Shen	man Ave., N.W.
14. F	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA		
1	Wiley Lowe	WIDDLE	LAST	Cressie	Brooks	LAST
	WAS DECEASED EVER IN		166 SOCIAL SECURITY NO	). 17 INFORMANT	ADDRESS	Newburg, Marylar
(	YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)	579 20 5	8/2 Virginia	Adams-frie	end-Box 268-
		hich liote the lost. (b) DUE TO, O	R AS A CONSEQUENCE OF		MIN AL DISE ASE OR CONDIT	ION GIVEN IN PART I IO
NO.						
CERTIFICATION	19a DATE OF OPERATIO	N 196. COND	ITION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY? 20	Db. IF YES, WERE FINDINGS USED  N CERTIFYING CAUSES OF DEATH?  YES NO
	210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL I	SE OF DEATH HOUR A.	M. MONTH DAY YEA	AR .	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART T OR PART 2)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME STE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220. I certify that (I) (the sow the deceased a above, (I) (web) (did) 22b. SIGNALURE 22d. PHYSIGIAN'S NAME	olive on(did not) view the body	19 575	ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN (  122e ADDRESS	deoth occurred on the dote  MEDICAL STAFF  DIRECTOR PHYSICIAN	ond hour and from the couses stated  22c. DATE SIGNED  7/ 5/
	6526	most	MAN	4235 28	gom.	mol 20748
	SUFTAL CREMATION	MOVAL THE DATE	19 NAME OF	CEMETERY OF CHEMATORY	Cemetery	Brentwood.Md*

DAMH 16 60M 7/84 (VRA 15, 4)

WPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event

14 FUNERAL DIRECTOR 754 DATE REC'D BY REGISTRAN ISE REGISTRAN'S SIGNATURE Stewart Road

# ral director, page 3 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be TO FUNEFAL DIRECTOR. After this certificate has been signed by the ottending physical probability in the properties of the burial-transit permit. Then please remove corbon pepeloit the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. retained by the hospital or attending physician

059918

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REP. 1157

	1. DECEASED	VAME	FIRST	- /	AIDDLE	L.	AST		20. DATE OF DEA		DAY YEAR	26 HOUR	
	(TYPE OR PRINT)		Ruth	Ag	nes	Da	nforth			7 1	12 87	12:40pm	
	3. SEX			4. RACE		5. DATE C	OF BIRTH	14.5	6 AGE (IN YEARS LA	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Fem	ale		Caucas	ion	MONTH		YEAR	0.5	S YRS.	MONTHS DAYS	MOURS MIN.	
1	Je BIRTHPLAC	E			TIZENI OF WILLAT COUNTRY?		April 4 1902 85 y				V OF DEATH		
3	COUNTRY	L (STATE OR	FOREIGN	OF CITIZEN OF	WHAI COUNT	MARRIE	D NEVER	MARRIED 🛱	9. BALTIMORE CITY OR COUNTY OF DEATH				
2		Pa		USA		WIDOWE	D D	NORCED [		ce Georg		MD,	
Ń	10 CITY OR TO	WN OF DE	ATH	11. NAME OF I	HOSPITAL, NUR HEACILITY, GIVE STE		OR OTHER INS	TITUTION	120 USUAL OCCU			OF BUSINESS OR	
Į		sville		Sacred	Heart	Home			Teache:				
-	13a, STATE		136 COUN		13c CITY OR TO	OWN I	13d. INSIDE C	ITY LIMITS?	13 STREET ADDR	ESS / ZIP COD	€ 2/	クフタイ	
Σ	Maryla	nd	Princ	e Geo.	Hyatts	ville	YES 🔼	NO 🗌	5805 Qu	eens Cha	apel Ros	ad od	
٦	14. FATHER'S N	IAME IRST		MIDDLE	LAST		15. MOTHER	S MAIDEN NAM	ME	015	144		
		orge		. Danfo				Anna Al		JEE .	Can	raher	
7	160 WAS DECE	EASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMA		A	DDRESS			
	YES, NO OR E	UNKNOWN}	(IF YES, GIVE	WAR OR DATES)	157-18	07/2	Saara	d, Heart	Homo	Hwatter	71110	Md.20782	
	No	CE OC DE AT	11.5.				Dacre	u, near t	. Home	nyacts	APPROX.	MAR PUTERYAL	
	PART	I DEATH V	VAS CAUSE	y ane cause per DBY:	line or in , (b),	Old C	1100	111			MTWED!	DIGIT AND DEATH	
			IMMEDIAT	E CAUSE (a)	UNU	4)1	010 X	ne-	1	,	24	ago	
		DUE TO, OR AS A CONSEQUENCE OF ONLY OF ONLY OF											
		ans, if any		(b)_	1100	VICE,	will	(1) BI	asul	VI	140	ofers.	
	cause	(a), stoti	ng the	DUE TO, OI	RAS A CONSE	DENCE OF	my "	8COV	resu		1/		
	Underly	rin <b>g</b> cause	last.	(c)		-	20				/		
		OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION GI	VEN IN PART 1:	0.	
_	21a. ACC			10,	H								
2	S 190 DATE	E OF OPERA	TION	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?		S, WERE FINDING CAUSES	NGS USED OF DEATH?	
	Ē								YES NO	Y	ES 🗌	NO 🗌	
	00.00000	DENT WAS UN	CAUSE OF DEA	HOUR A.	F INJURY M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE O	F INJURY IN ITEM 18.	PART I OR PART 2)		
7	S (IF EITHE	_	ICAL EXAMINER)	in .		19							
	AFEITHE STORY	JRY OCCUR	RED	21e. PLACE	OF INJURY		21f. LOCATI		CITY	OR TOWN	COUNTY	STATE	
	≥ WHILE AT WORK	NOT WE	HILE D	JAI HOME SIN	CET, FACTORY, OFFI	LE, PARM, ETC. J	01116						
	22a.1 cer	rtify that (I)	(this hospit	al) ottended the	e deceased from	10-1-	-80	. 19.		-87	19	that (I) Ne last	
9				wew the Yady		( M	nd that in (my)	(dur apinion o	deoth accurred an t	he date and ho	ur and fram the	causes stated	
	22b. SIGI	NATURE	The state of	ew the bady	OFTER BEGUN	10	REE	-			22c DATE	SIGNED	
		1	010	07 A	41	1/1/		ATTENDING		STAFF	07/	10/87	
1	22d. PHY:	SICIAN'S N	AME (TYPE OF	PRINT	Huy	re	122e ADDRES	PHYSICIAN S	DIRECTOR	ITSICIAN [	- 11	701	
	Rol	hart (	.Hail	a M D	1.		5100	Wiso A	NIM W	ahinata	n M		
-	230 BURIAL, C			236. DATE	1 2	BE NAME OF C			123d LOCATION		11,10		
	(SPECIFY) P	Burial	KEMOVAL	July 1		ate of				Spring	COUNTY	STATE	
	24 FUNERALD		2.1	J- A	17.		*100 A GI		E REC'D. BY REGIST	-	- 22002 9		
	DeVoi			nt. N	Washing	ton D	7	III	111 1 0				
	DEAOT	T WILL	OF TION	10	11 CONTITUE	our pro		1 00	UI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	07 /1.1	A A	200	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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MPORTANT: If them 21 is marked or Item 18 shows any injury, ar ather traumatic event, the medical

'Arvirod Lance Ceo. 1 - 11 srills 7 - ES) (mesons Changel Bond =100 Wicc. No. , The West harden, JC Robert M. Laile, M. D. Inmin1 July 11 to Cute of Heaven Cer. If ther Somins, grandend

leVel Fragenl Home insbington, F.C.

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** FOR - STATE REGISTRAR ASED NAME D'ATE KNOWN. OF ESTI-(Deil DEATH MATED 19 4 RACE 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. DATE OF BIRTH 2c. DATE LAST BIRTHDAY PRONOUNCED 10/31/19 WHITE 67 DEAD Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WASHINGTON DC USA WIDOWED DIVORCED PRINCE GEORGES O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET AODRESS) OR INDUSTRY SUITLAND GOVT. SPECIFICATION US MALCOME GROVE USAF HOSPITAL GOVI ISUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 13c CITY OR TOWN 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 2214 MARBURY DRIVE PRINCE GEORGES DIST. HEIGHTX MARYLAND 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LLOYD ELIZABETH WATKINS DARDEN 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 579-03-7163 HELEN L DARDEN SAME AS 18 CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c).) APPROXIMATE INTERVAL plente Candid Vas Cular dereas BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUETO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO YES ... 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH FORWARDED 11
OR: PAGE 5H
THE STATE DEVA 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN STATE WHILE AT WORK COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY ATTRACED WITH ENDINGORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted fram: Accident Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT Augusto P . Rodriguez. ADDRESS 009 Rayburn Ct , Temple Hills 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY CEMETERY PG 7/17/87 RESURRECTION BURIAL 07:84 BP 74 FUNERAL DIRECTOR ROBert E Wilhelm Funeral Home 4308 Suitland Road Suitland Maryland 25M 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))

060210 JUL 2207

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FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	8 EGIST	TRAR				CERTIF	ICATE OF DEATH	8 /	REG. NO		1 5	9	
	1. DECEASED (TYPE OR PRINT)		FIRST		MIDDLE	D	AST	20 DATE OF	DEATH MO	ONTH DAY	YEAR	26 HOL	1R30
1		DI. CI		RACE	bert		vis, <b>S</b> r.	1.105		7 / 7	UNDER LYEAR	IF LINDER	M
١	3 SEX Male			White		5. DATE C	il 12, 1907	6 AGE (INYE	ARS LAST BIRTHL	MON	THS DAYS	HOURS	MIN.
ŀ		CE (STATE OR FOR			WHAT COUNTRY?			9 BALTIMOR	RE CITY OR	COUNTY O	FDEATH		
	Alaba		TON I	U.S.A.		MARRIE	D NEVER MARRIED		e Geor			,	MD.
1		OWN OF DEATH	1		HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL C		V	12b. KIND C		ESS OR
	Green	nbelt		Greenb	elt Nursi	ng C	enter		inaria		Anima	al Ho	sp.
5	Mary	h:	P.G.		GIVE RESIDENCE BEFORE 13C CITY OR TOW College	N	138 INSIDE CITY LIMITS?		odress / z	ZIP CODE	enue	207	40
2	14 FATHER'S	NAME FIRST		• DDre	Davis		15. MOTHER'S MAIDEN NA FIRST Lula	AME	MIDDLE L.		LAS		
	NO WAS DEC	EASED EVER IN		ED FORCES? WAR OR DATES)	166. SOCIAL SECU 213-38-0		Mary A. Dav	is (Wife	e) Coll	6 Prin lege P	ceton ark, l	Ave	20740
١	18 CAL	JSE OF DEATH	Enter only	one cause per	line for (a), (b), and				_		BETWEEN	MATE INTE	RVAL
1	PAR	RT I. DEATH WA		CAUSE (a)	C	ur	diae al	view			(in	me	D.
9	PART 2	rise to imme (a), stating lying cause  POTHER SIGNII TE OF OPERATIO	the last. FICANT CC	ONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	PSY?	20b. IF YES, V	VERE FINDIN	NGS USE	
4	TIFIC			1 5				YES 🗌	NO	IN CERTIFYIN	NG CAUSES	OF DEA	
1		CIDENT WAS UNDER	USE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NAT	TURE OF INJURY	IN ITEM 18 PART	I OR PART 2)		
	WHILE AT WORK	JURY OCCURRE		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATION STREET		CITY OR TOWN	4	COUNTY		STATE
	so	w thereas	live on_	ol) attended the	e deceased from_	<i>\$</i> 7.0	nd that in (my) (our) apinion	2, to	d on the date	e and haur o	nd from the	that (I) ( causes st	we) lost ated
	-	SNATURE	12	ru	wiov	10	DEGREE ATTENDING PHYSICIAN [	MEDICAL DIRECTOR [	STAFF	AN 🗌	22c. DATE	SIGNED /	195
1	22d PH	YSICIAN'S NAM	AE (TYPE OR	PRINT)	e, ru	>	115 Ce	uter	ala	v 8.	ree	cho	Ut.
		CREMATION, RI	EMOVAL	23b DATE			EMETERY OR CREMATORY		ORTOWN		OUNTY		STATE
			1.1 0	07/17		rt Li	ncoln Cemeter	TÉ REC'D. BY RE	ntwood EGISTRAR 25	-	G.	Mar	ylan
	4739	Baltimor	n's S e Av	ons Fu enue H	neral Hon yattsville	ne, P	· A. 20781	1 7 198		ia Design		Xanth	

DHMH - 16 60M 7/B4 (VRA 15, 4) Proposition and the Contract C

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TO FUNERAL DIRECTOR, after this should be detached for use on the build not the build he Store Dept. of Health and MARORTANT. If here 21 is marked on

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

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 				1150			

DEPARTMENT OF HEALTH AND MENTAL HYGIENI

2	2-87ATE GISTRAR		DEFARIN		ICATE OF D	EATH	g.	ZEG. NO	2	11	60
	DECEASED NAME FIRST (TYPE OR PRINT)	ORGE	AIDDLE	DA	/IS		2a. DATE OF	DEATH	07-1	1-87	10.55P <sub>M</sub>
3	SEX	4 RACE		5. DATE C			6 AGE (INY	ARS LAST BIRT		H UNDER 1 YEAR	IF UNDER 24 HRS
I	Male	Black		ALLA		1933	53	3	YRS	MONTHS! DAYS	HOURS MIN.
7	BIRTHPLACE STATE OF FOREIGN		WHAT COUNTRY?	8	,		9 BALTIMO	RE CITY OF		OF DEATH	
т.	North Carolina	IIni to	d States	MARRIE	D NEVER A	AARRIED L	PRINC	E GEO	RGES		MD
	CHEVERLY	11. NAME OF H	GEORGES EL	G HOME C	OR OTHER INST	ITUTION	120 USUAL C	FOR MOST OF	WORKING LIF	E) INDUSTRY	of Business or Scaper
Ì	L FATHER'S NAME	ITY	13c. CITY OR TOWI	Igts		MAIDEN NAM		Kolb	ZIP CODE	Fairr Hgts	s. , Md
	Eziekel		Davis		Nanni		Collor				
T		MED FORCES? E WAR OR DATES)	16b. SOCIAL SECU		17 INFORMA		6017	ADDRE	De		easant
F	No.		Unlow	1	Lucy	Utsey	0017	Crov	m St		ryland  IMATE INTERVAL ONS AND DEATH
1	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	(c)	R AS A CONSEQUE		NOT RELATED	TO THE TERM	INAL DISEASI	OR CONE	DITION GIV	EN IN PART TH	a
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTO	PSY?	IN CERTIF	, WERE FINDIN YING CAUSES	OF DEATH?
	OR CONTRIBUTING TO CAUSE OF DE	TH HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW IN	JURY OCCURR		TURE OF INJUR	Y IN ITEM 18 P	ART ( OR PART 2)	
	(# EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE FA	ARM, ETC.)	211 LOCATIO STREET	N C	,	CITY OR TOV	WN /	COUNTY	STATE
I	17a.1 certify that (1) this haspi say the deceased also an glasty to we) (dy) and no	HVU	Yeceased from 19 E	197	nd that (my)	aur) apinion (	, to	d on the da	19 ite and hou	r and from the	that () (we) lost couses stated
	Mana W	Men	unge			TTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAF		7/C	SIGNED (/E)
	HOMAS T.	BENSA	1621	752	5 618	CUCUA	y CTR	Dr. 0	61000	bolth	402017
1	Dance 3	23b. DATE			EMETERY OR C		23d LOCA	ORTOWN	neri 1	COUNTY La	ndover
1	Burial FUNERAL DIRECTOR	17-17	-07 IHa	rmor	y Mem.	Park 1250 DAT	E REC'D. BY R	EGISTRAR	ASH REGIST	BAR'S SIGNAT	Wd.
	HOFFMAN FUNERALJ	ERVICE S	3605 14m	ST.N.W.	WASH.	JUL.	201	987	ulia D	andren-K	indial fo

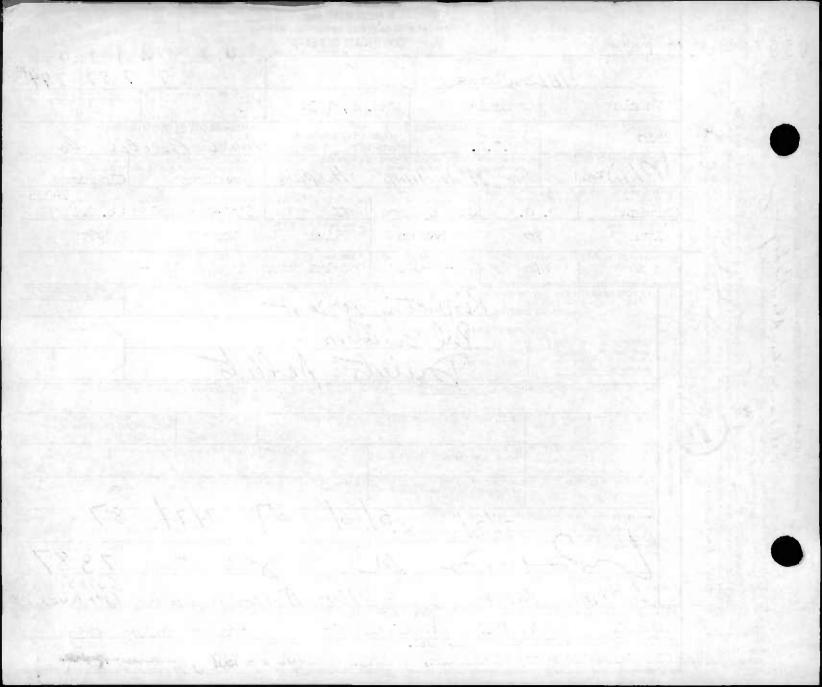
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FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7.7.0 mm	6	STATE REGISTRAR		ou Ann	CERTIF	ICATE OF DEATH	REG. NO.	2 1 1	4 1		
41 m.e		CEASED NAME FIRST		MIDDIE		AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
poge 3	3. SE		ELENIC	ouise	Davis		/	-7-87	7.474 M		
ge 4 m		Female	Caucas	sian	Jan	1, DA 1924 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 63	MONTHS DAYS	HOURS MIN.		
nerol dii		RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF	A.	8 MARRIE WIDOWE	DEVER MARRIED DIVORCED	PALACE GEO	NTY OF DEATH	PO MD.		
by the fulled with	-	PLINTON	11. NAME OF	HOSPITAL, NURSIN	ADDRESS)	HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Seamstress	12b KIND (			
filled in hould be mart be	13a. S	ryland 1	NE OR OTHER INSTITUTION DUNTY	n give residence before 13c. CITY OR TOW Camp Spr	/N	13d. INSIDE CITY LIMITS?	136.STREET ADDRESS / ZIP C 5161-A Walms1		20335 AAFB MD		
mpletely and 2 st		ATHER'S NAME Ivan FIRST	ROY	Harm	on	OLIVEST	Mae MIDDLE	Hah	ın		
n and co Pages 1		VAS DECEASED EVER IN U.S. YES, NOW UNKNOWN) (IF YES	ARMED FORCES?	302-18-9		Douglas Davi	s Same as 13 A	4-E			
physicio inpopers emoval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er anly one couse pe USED BY: DIATE CAUSE (a)_	Replica	lin	wrest	٠	APPRO) BETWEEN	XIMATE INTERVAL NONSET AND DEATH		
eoth cer trending ve carba on, or re umotic e	-	Conditions, if any, which (b)									
that the d d by the o ease remo ol, cremotr		gove rise to immediate cause (a), stating the underlying cause last	DUE TO: 0	OR ASA DONEOU	rlee	to Med	Parts				
equires n signed Then pli to buri njury, o	NO	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	ainal disease or condition	GIVEN IN PART 1	ia .		
on.	TIPICAL	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDI RTIFYING CAUSES YES [			
physici Physici Plunt Politi	AL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A	OF INJURY A.M. MONTH D.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)			
S PHYS) of the bill ond the code	MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY OFFICE.		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
TENDING rtol or of OR: After or use os f Heolth		22a.1 certify that (1) (this h	~ /		475	nd that in (my) (aur) apinion	deoth accurred on the date and	19.87.	that (I) (we) last		
OR AT he hosp DIRECT oched for Obept. o		say the deceased olive above, (1) (we) (did) (on 22b. SIGNATURE	not) view the bad	atter death.		DEGREE			E SIGNED		
OSPITAL ed by t UNERAL d be det he Stote RTANT:		214 PHYSICIAN'S NAME (1	YPE OR PRINT)	2	101.	PHYSICIAN [ 22e. ADDRESS	DIRECTOR   PHYSICIAN	207	85		
TO HOSI	230	BURIAL, CREMATION, REMO	VAL 1236 DATE		NAME OF C	EMETERY OR CREMATORY	123d LOCATION	E LAN	DWEN M		
BP		Burial	07/13	/87 Pe	arl C	emetery	Swanders She		STATE		
DHMH - 16 60M 7/84 (VRA 15, 4) 663	74 F	UNERAL DIRECTOR Lee ld Alexander I	Ferry Rd	Clinton,	Md 20	735 JUL	1 4 1987	widsen John			



filled in by the funeral director. p

TO FUNERAL DIRECTOR. After this certificate has been signed by this should be detached for use as the buriol-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to buriol, cremying the State Dept. of Health and Mental Hygiene prior to buriol, cremying the State of the S

etoined by the hospital or ottending physician.

BP.

DHMH - 16 60M 7/8

(VRA 15, 4)

060658 JUL 24-8 ATE REGISTRAR

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9	1
6.m	4
DEC.	NO

6

		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST		20 DATE OF D		1987	26 HOUR 11:20A <sub>M</sub>
	2 (5)		ROBE		LEWIS	DAYE	SR		JULY	9		771
	3. SEX					JUNE 20, DAY 1932 AR		55	3(43) 04(104)	MONTHS DAY		
	Male 70. BIRTHPLACE (STATE OR FOREIGN 7b. C				Black June				9 BALTIMORE		VRS. UNITY OF DEATH	
3	COUNTRY) Virginia USA			MARRIED NEVER MARRIED WIDOWAD DIVORCED			ARRIED U	Prince George's				
3		lity or town of death  lanham		11. NAME OF HOSPITAL, NURSING HE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE DOCTORS HOSPITAL					126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired-Armed Forces-Army			
5	130 S	AL RESIDENCE (# NURS TATE aryland	13b. COUN	1TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Landove:	'N	13d. INSIDE CI	TY LIMITS?	13e STREET AD	DRESS / ZIP Columb	CODE Oia Avenue	20784
A	I4 FA	THER'S NAME		MIDDLE LAST			15. MOTHER'S MAIDEN NAME					
)	R	Robert Daye			LASI		Mary E. Edmond					
		VAS DECEASED EVER IN U. S. ARMED FORCES? YES, NO OR UNKNOWN) YES  (IF YES, GIVE WAR OR DATES)					17, INFORMAL	NT		ADDRESS	Lando	ver,
				229 30 3554 Mal		Malcolr	Malcolm Daye-son-2210 Columbia Ave-Marylan				_Maryland	
day.		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).  PARTI. DEATH WAS CAUSED BY:  SIDE APPROXIMATE INTERVAL BETWEEN ONST AND DEATH BETWEEN ONST AND DEATH BETWEEN ONST AND DEATH BETWEEN ONST AND DEATH										
100	0	IMMEDIATE CAUSE (0) SUBPRENCH NOULD METHORETIAGE 124-48 HRS										
叁		Conditions if any	which	1	R AS A CONSEOU	ENCE OF						
-		Conditions, if ony, which (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c										
		couse (o), stoting the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF										
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0										
- 1	NOIL											
2	CERTIFICAT	196. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	YES N	20b	FIFYES, WERE FINI CERTIFYING CAUS YES	
7		218. ACCIDENT WAS UNE	CAUSE OF DE	CITY CITY	M. MONTH D		21c. HOW IN.	JURY OCCURRE	ED (ENTER NATUR	E OF INJURY IN II	IEM 18 PART 1 OR PART 2	1
	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY	19	211. LOCATIO	N		TITY OR TOWN	COUNTY	STATE
	W	WHILE NOT WE	HILE	(AT HOME, STI	REET, FACTORY, OFFICE, F	FARM, ETC.	STREET			III OK IOWN	000111	STATE
		22a.1 certify that (1)	(this hosp	tol) ottended th	e deceased from_	7-	8	, 19.87	, to	7-0	1 19 8	Z, that (I) (we) lost
		sow the deceased live on										
		776. SIGNATURE					DEGREE	TTENDING	MEDICAL	STAFF	22t. DA	TE SIGNED
-		constance meya mo			>	ATTENDING PHYSICIAN X			PHYSICIAN		/87	
		224 PHYSICIAN'S NAME (TYPE OR PRINT)				#201, 7500 Hanover Parkway						
		Constanc	-	THE RESERVE TO SERVE THE PARTY OF THE PARTY			The second second	eenbelt				
	73a 8	urial	REMOVAL	73h DATE	0/ 1007	The state of	EMETERY OR C		23d LOCATE	TOWN	A self of months	Vid moderate
	-	INTERAL DIRECTOR	nl.	144	29, 1907	ALI	ngton	ational Me DATE		The state of the s	REGISTRAR'S SIGN	,Virginia
4	0.5000	Stewart	une	al Hon	1e-4001	Benr	TOO BO	ad NU		87 A	La Bondary	
			and the state of the state of	manife on the		II.II	" " P	Ct. 41 + 51 9 1	HALV IUL	2.5		

#### STATE OF MARYLAND

DED ADTMENT OF USALTH AND MENTAL HYCLENE

I	TATE REGISTRAR	DEFAR	CERTIFICATE OF DEATH	REG. NO. 2	0 7 0 1 1 6 3					
	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR					
	FLORENC		DEARSTINE	July 23, 1987	10:25a					
	3. SEX Female	4. RACE Caucasian	Aug. 14, 1900	6 AGE (IN YEARS LAST BIRTHDAY)  86 YRS	MONTHS DAYS HOURS MIN.					
2	7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR COUNTY	9. BALTIMORE CITY OR COUNTY OF DEATH					
)	Maryland	U.S.A.	WIDOWED M DIVORCE	Drince Coorce	s County M					
>	10. CITY OR TOWN OF DEATH  Lanham	AMI Doctors Ho	osp. of Pr. Geo.	Co. Housewife	12b. KIND OF BUSINESS O INDUSTRY Own Home					
10	USUAL RESIDENCE (IF NURSING HOME OR 138. STATE 13b. COUN Maryland Princ	JTY 13c. CITY OR TO		its?   13. STREET ADDRESS / ZIP CODE   5710 Ruatan Str						
1	14 FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAID	EN NAME MIDDLE	LAST					
1	Walter T	Nicholson		E	Cranford					
	16a WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166. SOCIAL SEC E WAR OR DATES! 213-44-		815 Glen Avenue rstine, Glenn Dale,	Maryland 2076					
		ly one couse per line for (a), (b), o D BY: E CAUSE (a)	ond (c).)	phrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	Conditions, if any, which gove rise to immediate									
	couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE (c)	WENCE OF	Dippieso	Wyn					
うくう		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH?					
	OR COLUMN THE STATE OF THE		DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)					
	OR CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOTIFY HE CAUSE OF DEA  AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
	sow the deceased alive on.	22a.1 certify that (1) (this hospital) attended the deceased from								
	22h SCHATUR	~	DEGREE ATTEND PHYSIC	ING ARTICAL STAFF	120 DATE SIGNED					
	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS	ner alm-sensit	10.					
	230 BURIAL, CREMATION, REMOVAL Burial		Perkins Chapel Co	CITY OR TOWN	P.G. Md.					

(VRA 15, 4)

DHMH - 16 60M 7/84

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	The Area De Area	pares.	
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			Shual and and

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending of should be detached for use as the burial-transit permit. Then please remove corrent with the State Dept. of Health and Mental Hygiene prior to burial, cremation, at emit

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

by the funeral director, page 3

# STATE OF MARYLAND

DEPARTME	NI UI	HEAL	IH AND	MENTAL	HY
	CFRT	IFICA	TE OF	DEATH	

	3. SEX Male To BIRTHPLACE (STATE OR FOR COUNTRY)			DEPART		EALTH AND MENTAL HYC	23			1	
		CEASED NAME	FIRST		IDDLE	L/	AST	REG. 20. DATE OF DEATH	MONTH DA	YEAR	POUNT
	(TYPE	OR PRINT)	31661	ë (	7 D	- BON	20		7.5	87.	847P
	3. SE)	(	4 R/	ACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST			UNDER 24 HRS
	1	Male	- 10	Whi	te	12 MONTH	11 1933	53	YRS	JNIMS DATS H	MIN.
7/	₹a. Bi	RTHPLACE (STATE OR FO	REIGN 76 C	ITIZEN OF V	VHAT COUNTRY?	8. MARRIET	□ NEVER MARRIED □	9. BALTIMORE CITY	OR COUNTY C	OF DEATH	0
		st Virginia		U.S.A		WIDOWE	D DIVORCED	PRINCE.	600	1003	CU MD.
36	(	TY OR TOWN OF DEAT		CE SOT IN SUCH	MAY	ADDRESS)	HOSPITAL	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Mechani	OF WORKING LIFE)	126 KIND OF B INDUSTRY Automot	
35	13a. S		36 COUNTY Charle		13c. CITY OR TOW Waldorf	'N I	13d INSIDE CITY LIMITS?	Box 37 LL	Rt. 92	5/ 20601	
82	14. FA	Willie	MIDDI C		DeBord		Rosie	WE		Wilso	on
2	160 V	VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO			577-44-1		Charles C. D		s in ite	em13	
7	(YES, NOORUNKNOWN)  18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)			HEPATIC  AS A CONSEQUI  AS A CONSEQUI  MASSIVI  MATRIBUTING TO  AND HEMO	C COMENCE OF AGE COMENCE OF ASC	OF CIRRHOSIS	ERIPHERAL MINAL DISEASE OR CO ERS FROM 200 AUTOPSY?	EDEMA  NDITION GIVER  LIVER  20b IF YES,	MONT MONT NIN PART THO DISEAS WERE FINDING	CHS. CHS. SE.	
9		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	LUSE OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	2344			
1	MEDICAL	21d INJURY OCCURRE  WHILE NOT WHILE AT WORK	E 🗇	21e. PLACE C	OF INJURY SET, FACTORY, OFFICE, I	FARM, ETC )	21f. LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
		220.1 certify that (1) (1) sow the decease above, (1) 22b. SIGNATURE				8.7, or	de that in (my) (man) opinion DEGREE ATTENDING PHYSICIAN (		date and hour o		GNED
		22d. PHYSICIAN'S NA					22e ADDRESS 7900	OLD BRAN			E 101
-		PETER						TON, MARYI	AND 20	735	
	23a E	BURIAL, CREMATION, R (SPECIFY) Burial		36 DATE 7-8-87			emetery or crematory ton Nat'l. Ce	m. Suitl		P.G.	Md •
/84		UNERAL DIRECTOR	н. 616	0 Oxon	Hill Rd	· Oxo		JL 8 1987		AR'S SIGNATUR	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

(VR A15 ME (5))

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- S	TATE EGISTRAR		ME	DICAL EXAMIN	ER'S CE	RTIFICATE	F DEATH/	REG. Po.	16	3
		EASED NAME		2000	MIDDLE	TORUMO	ς · Λ	OF	KNOWN X MON	ITH DAY YEAR	26 HOUR
	3. SEX			S. DATE OF BIRTH		ARS IF UNDE			Ju	1y 09° 87	2d HOUR
				n July 12	. 1906 80'R		DAYS HOURS	DEA	D July		6:40
7	FORE	EIGN COUNTRY)	ATE OR					ED 🔲			
1	Tealy  U.S.A.  WIDOWED □ DIVORCED □ Prince Geor  OCITY OR TOWN OF DEATH  II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Prince Georg's General Hospital Barber  USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  I30. STATE  Penna  I30. COUNTY  Penna  I31. COUNTY  Penna  I32. STREET ADDRESS  1606 Clay Ave.  I4. FATHER'S NAME								OR INDUST	MD ISINESS RY	
				Prince	George's	Gener	ral Hosp			Barber	
2	13a. ST/	enn <b>a</b>	Lacka	ITY	13c. CITY OR TOWN	13	YES X NO	1606		18509	7
4	4. FAT	FIRST		MIDOLE	Demolas	11	FIRST		MIDDLE	/IImaya i 1	abla\
5		AS DECEASED				Y NO. 17		Line	ADDRESS	(Unavail	anie)
S		No			169-28-60	33	Virginia	DeMola (	(wife) Sam	ne as 13	
		Conditions, if ony, which gave rise to immediate couse (o) stoting the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO		DUE TO, OR (c) (CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE O		RT 1 101.		20 AUTOPSY	
3	AL CERTI	UNDERLYING	OR	HOUR A.M	MONTH DAY YEAR		V INJURY OCCURRE	D LENTER NATURE OF	INJURY IN ITEM 18 PART 1 C	YES L	ио [Х
	MEDIC	21d INJURY C	CCURRED	21e PLACE (	OF INJURY (AT HOME,			CITY <sup>*</sup> OR 1	OWN	COUNTY	SJATE
7		ACTUAL BE	Augus	to A	Accident . Sui	M.D	Homicide TITLE (SPECIFY)  Peputy	Undetermined t	manner ,	y opinion  ATE	
1	23a BU	RIAL CREMA	2.500							e Hills, N	
	(SP	Burial		200			arrish Cen	netery	Dunmore,	Penna.	ATE
DEMOLIA  DEMOLIA  DEMOLIA  DEMOLIA  DEATH MATED  TO RESTORD  TO RESTORD  DEATH MATED  DEATH MATED  DEATH MATED  TO RESTORD  DEATH MATED  DEATH MATED  DEATH MATED  DEATH MATED  TO RESTORD  TO RESTORD  DIVERS  TO DATE OF MATER  THE MATER TO DATE A HARRED  DEATH MATED  DEATH MATED  DEATH MATED  TO DATE THE MATER  DEATH MATED  TO DATE THE MATER  DEATH MATED  DEATH MATED  TO DATE THE MATER  THE MODITAL THE MATER  THOUGHT AND  THE MATER  DEATH MATED  TO DATE THE MATER  THOUGH A MATER  THE MODITAL THE MATER  THE MATER  THE MATER  THE MATER  THE MATER  DEATH MATED  THOUGHT AND  THE MATER  TH	RAR 256. REGISTRA	ESSIGNATURE"	,								

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Castliot Sammed Service, Castle Canada, VA.

DHMH - 16 60M 7/B4

(VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CLAKI	WELLE	Ur	nt/	ALIH	ANU	MENTAL
	CE	RTI	FIC	TAT	E OF	DEATH

	0					O REC	NO+			
	CEASED NAME FIRST	MIDDLE		AST		20 DATE OF DEAT	H MONTH	DAY YEAR	2b HOUR	
	MABEL	G.	DENT			JULY 1	5. 1987	7	1	
3. SE	X	4 RACE	5. DATE C			6 AGE (IN YEARS LA		IF UNDER 1 YEAR	IF UNDER 24 HRS	
	PEMALE	WHITTE	MONTH	_	1897	0.0	YRS	WONTHS DATS	HOURS MIN.	
7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 Aug			9 BALTIMORE CIT		Y OF DEATH		
A	Tabama	USA	WIDOWE		DIVORCED [	PRINCE	GEORGE		AAI	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME C			12a USUAL OCCU	PATION	12b KIND C	OF BUSINESS OR	
FT	. WASHINGTON	FT! WASHINGTO	NURSI	NG HO	MIC	Homemak		(FE) INDUSTRY		
	AL RESIDENCE (IF NURSING HOM STATE 136 CC	E OR OTHER INSTITUTION, GIVE RESIDENCE BE DUNTY 136. CITY OR T		113d INSID	E CITY LIMITS?	13e.STREET ADDRE		£ 7) 7	710	
		rince Geo Temp		TYES B	NO T	6811 B	urkshi	re Dri		
	John Have				Margare	t Eliza		Garne		
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIALS	ECURITY NO.	17 INFOR		AD	DRESS	Galife	27	
(	YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	4 0540	T7 3	1 5 0	12-3-7-7-				
-				CILL	TY D. S	hields	same a		IMATÉ INTERVAL ONSET AND DÉATH	
	PART I. DEATH WAS CAL		n, and (c)					BETWEEN	ONSET AND DEATH	
	IMMED	DIATE CAUSE (a)	4							
		DUE TO, OR AS A CONSE	QUENCE OF	-						
1.3	Conditions, if any, which gave rise to immediate									
	couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSE	OUENCE OF							
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
2	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELAT	TED TO THE TERMI	NAL DISEASE OR C	ONDITIONG	VEN IN PART 1	a	
CERTIFICATION										
ICA	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIOI	N WAS PER	FORMED	20a AUTOPSY?	206 IF YE	S, WERE FINDING CAUSES	OF DEATH?	
RTIF						YES NO	V	ES 🗌	NO 🗌	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	LICITO A MA MONITUL	DAY YEAR	21c HOW	INJURY OCCURRI	ED (ENTER NATURE OF	INJURY IN ITEM IB	PART I OR PART 2)		
3	(IF EITHER NOTIFY MEDICAL EXAM		19							
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE EARNA ETC.)	211. LOCA	TION	CITY C	RIOWN	COUNTY	STATE	
-	AT WORK NOT WHILE	(AT NOTE STREET, TACTORT, OTT	ICE PARM EIC)							
	220.1 certify that (1) (this ha	aspital) attended the deceased fro	om_ 8	13		_, to7	15	19 86	that (I) (we) las	
-	sow the deceased olive	an 7 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 86 , on	id that in (r	ny) ( <del>out)</del> apinion d	leoth occurred on th	e date and ha	ur and from the	causes stated	
-	22b. SIGNATURE	a flot   view the body after death.		DEGREE				22c. DATE	SIGNED	
	Willean	m Kent Dun	1 ,	np	ATTENDING PHYSICIAN X	MEDICAL DIRECTOR PHY	TAFF	7	1526	
	22d PHYSICIAN'S NAME (TY	1 100000		22e_ADD	Fre	-				
	WILLIAM KENT	FIRST MD.		1170	1 TTATME	STON ROAD				
220 1	<u> </u>		22. NAME OF C	FORT	R CREMATORY	PON MARY	LAND 2	0744		
	BURIAL, CREMATION, REMOV (SPECIFY) Burial					ry Refo	rm Pic	kens A	labama	
24 F	UNERAL DIRECTOR Robe	rt E Wilhelm	Funera	1 Ho	me PATE	PEC BY REGISTE	AR 250 REGIS	TRAR'S SIGNAT	URE	
13	108 Suitland	Road Suitlan	d Mary	land	JUL	4 4 1987	Gulia,	Duridon-Z	andres	
137	DUT CTUIL									

JULY 15, 1987

AC ACTUAL CONTRACTOR

TO THE TRANSPORT OF THE PROPERTY AND THE PARTY OF THE PAR

OL THE TEST PALISDI

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# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	2	1 1	6
1	REG. NO		9

0		THE CHOT THE THE					0 '	REG. NO				
		CEASED NAME FIRST	M	IDDLE	LA	ST	20. DATE O	FDEATH MONTH	DAY	YEAR	26 HOUR	A
	TITPE		es 1	E.	Des	Prez	July	24, 1987		3	6:45	M
	3. SEX	X	4. RACE				6 AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER		IF UNDER 24 H	
		Female					79		S.	DATS	HOURS M	N.
-			76. CITIZEN OF W	VHAT COUNTRY?	MARRIED	NEVER MARRIED XX	9 BALTIMO	RECITY OR COU	NTY OF DE	ATH		
2	A	Alabama			WIDOWE	DIVORCED [						MD.
2	Female  White  Feb. 16, 1908  79  YRS.  WONTE  To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Alabama  U.S.A.  WIDOWED  DMORCED  Prince Georg  10. CITY OR TOWN OF DEATH  Hyattsville  Sacred Heart Home, Inc.  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS)  130. STATE  131. CITY OR TOWN  132. CITY OR TOWN  Physical Therapist  133. STATE  134. FATHER'S NAME  FIRST  LOUIS  Des Prez  136. WAS DECEASED EVER IN U.S. ARMED FORCES?  145. MODILE  Ada  MIDDLE  LOUIS  Des Prez  Ada  ADDRESS Highbrid  ADDRESS GIVE WAR OR DATES)						GUFE) IND	USTRY	F BUSINESS	OR		
6	13a. S	STATE 13b COUN	1TY	13c. CITY OR TOWN						ad	20715	
1	14. FA	FIRST	MIDDLE		e2	FIRST		WIDDLE		Wi 1	Lson	
	160 W		MED FORCES?					ADDRESS.				_
)		(IF YES, GIV	E WAR OR DATES)				onough	Bowie, N	hbrid D 20	ge 1	Koad	
H		18 CAUSE OF DEATH (Enter or	ly one couse per l	ine for (a), (b), and	/	, ,			BI	APPROXIA	MATE INTERVAL	TH
					tea	nt +x11	URE	00261	101	6	y or	-
			DUE TO OR	AS A CONSEQUEN	ICE-OF							
			( (b)	1)	AZ	ERIUSCHE	CRUTIC	IteART	4/51	245	E	
			DUE TO OR	AS A CONSEQUEN	NCE OF							
		underlying couse lost.	((c)						0	22	Ly	7
9	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DE	ATH BUT I	NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION	GIVEN IN P	ARI Ira		
	5											
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH C	PERATION	WAS PERFORMED	20a AUTO	INCE			OF DEATH?	
_	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF	INTUDY		21. HOW BILLIAN OCCUP	YES [	NO	YES [		NO 🗌	
1		OR CONTRIBUTING CAUSE OF DE	110000	MONTH DAY	YEAR	21c. HOW INJURY OCCU	KKED (ENTER NA	ATURE OF INJURY IN ITEM	18 PART I ORI	'ART 2}		
	δ	(IF EITHER NOTIFY MEDICAL EXAMINER			19							
	MEDICAL	21d INJURY OCCURRED	21e. PLACE O	OF INJURY ET, FACTORY, OFFICE, FAI	RM, ETC )	21f. LOCATION STREET		CITY OR TOWN	COL	YINI	STATE	
		AT WORK			Alah P		- 1	1 14 - 1	-	-7		
		220 I certify that (I) (this haspi saw the deceased alive on	- Designation of the last of t	17		that in (my) (our) opinion	death accurre	d an the dath and	, 19_3_		that (I) (we) I	ost
		obove, (I) (we) (did) (did no	t) view the body o	iter death.			deoin occurre	ed on the dote ond				
		27b. SIGNATURE	NW	//	P	ATTENDING	MEDICAL	STAFF	220	DATES	IGNED -	
		1440	my M-	elt/	_JQ	HN KETTELAN		PHYSICIAN	7	29	-8/	
		22d. PHYSICIAN'S NAME (TYPE C			3	6300 Pine	M.D., P	h.D.				
		Dr. John Keho	e, M. D.			6300 Riverda	le Road	3,				
	23a B	SPECIFY) SPECIFY	23b. DATE	23c N/	AME OF CE	METERY SE	20737	ATION OR TOWN	COUNT	Y	STATE	
		Burial /	JULY 3	5,1987 Ft	. Lir	coln Cemeter		entwood,		eor		MD
	24 FL	INERAL DIRECTOR	Max	16000 Ar	napol	is Road 250 DA		REGISTRAR 256. REC		IGNATI	- A	
	Be	eall Funeral Ho	me —	Bowie, M	D 20	715-3043	UL21	1981	100	- ury	The state	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIFECTOR AND should be detocking for with the Stote Dept. IMPORTANT: IF Her 21 Is -

TO HOSPITAL OF retoined by the

BP.

Note that the second of the se faces employment in Doy's Yes the street decomplet a yest 1824-14-50 Toyle, the 2011 JOHN KEHOE, M.D., Ph.D. SEVER HELD RIVER HEAD SOLET I law John Mokes, M. B. at \$\$ 185-07-2718 no newson, he. George's, ME Forth France: Some - South Avenue 101 2013

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Released ω Noti fied Medical Examiner

death certificate be executed within 24 hours of

carbonpapers. Pages

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEPAR		TH AND MENTAL HYGING THE OF DEATH	ENE 2		6	3
4	DUTEASED NAME FIRST	WIDDIE	LAST			MONTH DAY	YEAR	25 HOUR
1	INA	Geraldine	DIEHL			07 19	9 87	6:35PM
1	3 SEX	4 RACE	5. DATE OF BI		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	Female	White	Aüğus	t 72, 1918	68	YRS	INS DATS	HOURS MIN.
-	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
	West Virginia	U.S.A.	WIDOWED	-	PRINCE GEO	ORGES CO	YTMUC	MD.
	10 CITY OR TOWN OF DEATH  CHEVERLY	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE PRINCE GEORGES	ET ADDRESS)	THER INSTITUTION  L CENTER	120 USUAL OCCUPATION OF THE HOUSEWITE		NOUSTRY OWN	Home
210	Maryland 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO INTY  Hyatts	ville 13d	. INSIDE CITY LIMITS?	3903 57th	Place	20784	
	Joseph	Looka		MOTHER'S MAIDEN NAM	MIDDLE		Hutto	
	NO WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC 214-07-		mes M. Diel	al (Husband			Place , Md.
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF TO, OR TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS	S eff		CR 1 Rupdu and Se and se and and se and and se and and se and se and a and se and se a and se and se a a a and se a a a a a a a a a a a a a a a a a a a	Se of Cum, Imas MION GIVEN	O IN PART 1 rd	
1	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION W	AS PERFORMED	200 AUTOPSY?	20b. HF YES, W IN CERTIFYIN YES	ERE FINDIN G CAUSES ]	OF DEATH?
	OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH P.M.	DAY YEAR 19	HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
١	21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK	21e PLACE OF INJURY		I ŁOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		See OC	DEG 122	ATTENDING PHYSICIAN C	MEDICAL STAR	F IAN 🗌	22c DATE:	SIGNED 1.87
4	INR. 1105h	12491		632 Annapol		unespu	irg, r	Md. 20710
	230 BURIAL, CREMATION, REMOVA (SPECIFY)  Burial	07/22/87 Fo	ort Linco	oln Cemetery		d P.C	. M	aryland
	Francise Gasch's 4739 Baltimore A	ADDRESS			REC'D. BY REGISTRAR	Julia De	'S SIGNAT	URE Candrells

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. IMPORTANT: If them 21 is marked or them 48 shows any

TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

Land Carte Control Carte Control Carte Carte

TRANSPORT OF THE TRANSPORT

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

114.1 JUL 2	87	FOR STATE REGISTRAR			RTMENT OF H	EALTH AND MEN	TAL HYGI	1	2 I	1 6	9
oge 3 deoth		CEASED NAME FIRST ANT			DIGI	ROLAMO		20 DATE OF DE	07	P.G. Maryland  17 24 87 11 40PM  M. M	87 11 40PM
moy pod	3 SEX		4 RACE					AGE IN YEARS	LAST BIRTHDAY)		
ge 4	Ma	le	ANTHONY ROCCO DEGREE INSTITUTION OF PRINCE GENERAL PRINCE GENERAL STATEMENT OF DEATH ANTHONY ROCCO DECIDING FOR WHAT COUNTRY?  A RACE	YRS	MONTHS	ATS HOURS MIN.					
Pod Pod	7a BII	THPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER MAR	RIED M				tv
leoth		w York			WIDOWI	D DIVOR	RCED 🗌	PRINCE	GEORGE	3 00011	
詩, 27/	12	TY OR TOWN OF DEATH									
11/1	de	HEVERLY				TAL CENT	ER	Clerk		U.S	. Governme
126	13a. S	TATE 136 CC	YTAU	13c CITY OR TO	NWC	YES X NO		510 Sh	ore Driv	ve 210	37
15 11	MEA	THER'S NAME FIRST	WIODIE	LAST		FIRST	r		NIDDLE		
10/10	/	Rocco									
dico des							•				
O G S	No			578-34	-6749	Frank J.	DiGi	rolamo	Edgewa		
oper ovol. nt, th		18 CAUSE OF DEATH IEnter	only ane cause per	line for to	and ich	7,0				BETW	ROXIMATE INTERVAL
g ph g np ever			IATE CAUSE (a)							- 4	044.1
nding corbain, or remotic en			DUE TO, O	R AS A CONSE	DUENCE OF	· CAL		-		4	lear
eve of or		Conditions, if ony, which	(b)_		RENA	C PAIL	,010			7	ETTICS
of crem		cause (a), stating the				RIBLEG	IA	-			414BARS
Then pl to burn mury, o	NO	PART 2 OTHER PIGNIFICAN	A R	ESPIR	O DEATH BUT	11.		NAL DISEASE O	R CONDITION (	GIVEN IN PAR	Tila
or or or	CERTIFICATION	19a DATE OF OPERATION	11th COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORME	ED		IN CER	TIFYING CAU	ISES OF DEATH?
The Hydre	W.	210. ACCIDENT WAS UNDERLYING			DAY YEAR	21c HOW INJUR	Y OCCURRE	D (ENTER NATUR	E OF INJURY IN ITEM	8 PART I OR PART	[ 2)
triol.	CAL	OR CONTRIBUTING CAUSE OF	DEATH								
1 × 1 × 1	MEDICAL	21d INJURY OCCURRED			CE, FARM ETC.)			c	ITY OR TOWN	COUNTY	Y STATE
th of the	1	AT WORK AT WORK	,			101			1		
A STATE OF THE PARTY OF THE PAR		220.1 eartify the (1 (1) he	supital strended th	e deteosed fro		1	19	_, to	14	19	(we) last
Sph SCT of to		above 1) we (did ) aid	no view the bady	fter death.	1.0	-//	r) apinian d	eath occurred	n the date and h	-	
Dept Per		27h SIGNA CON	0.	2		4.4	NDING .	MEDICAL	STAFF	The D	ALSIGNED
X 8 5 5 -/		Mu	sugn	0	-	PHY	SICIAN A	DIRECTOR	PHYSICIAN [	1/	7/0 for
Sould be onlid be of the S		22d PHYSICIAN'S NAME (TY	LER M	0		75006	REGIN	mify.	TR PI	dele	EN BELT
2213		URIAL, CREMATION, REMOV			30 NAME OF	EMETERY OR CRE	MATORY	23d LOCATIO	NC	COUNTY	STATE
		Burial								P.G.	
16 60M 7/84	24 E	"andis OAsch!	s Sons Fu	ineral F	ome, P	.A.			4		A .
(VRA 15, 4)	47	39 Baltimore	Avenue H	yattsvi	le, Md	. 20781	JUL 2	8 1987	Milas d	Jacquest-1	Kendadh

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and history

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57.3614

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER REGISTRAR ASED NAME 20 DATE KNOWN MONTH YEAR Barbara DEATH MATED IF LINDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 38 DEAD 4 Q YRS 76 CITIZEN OF WHAT COUNTRY NEVER MARRIED Washington DC IISA Prince George WIDOWED [ DIVORCED IB CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Secretary Tolson Road Camp Springs Gov't ISUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION No | 13e STREET ADDRESS
NO | 5313 Tolson Road 13g. STATE 13h COUNTY 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? Pr George Camp Springs YES [ 20748 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST August Schwenk Olga Krebs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 7. INFORMANT **ADDRESS** 578-48-4041 Daniel P Dillon NO Same as 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY hrast with nu testases IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED AS A I 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? WRITING THE WORD "
ARDED TO THE CHIEF
IGE 3 SHOULD BE USE
ATE DEPARTMENT OF IT
ZOI PRIOR TO BURIAL YES [ NO I 2 In EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY 220 I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Notural couses Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME M.D. ADDRESS 5009 Rayburn Ct, Temple Hills, MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION COUNTY STATE 21July87 Burial Resurrection Cemetery Clinton 07/84 PG Md Robert E Wilhelmooress Suit land, Md. **DHMH - 17** (VR A15 ME (5))

and the second of the second o La self waste 5 4 6 6 7 The I A THE COMMENTS Borever Land Theretony sier Whitehall hashard and neddechel office said to - connoughty Robert H. Blue-Sene on - 23 above While Control of the James of the Fire our enterior la de de comence de la constante

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FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12	1	7	· Co
REG. NO.			
OF DE 1711	 1.5	-	

	- STATE		CERTIFICATE OF DEATH	8 / REG. NO.2	11/2					
-	20 GFGISTRAR 20 CLASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR					
	Grant	Α.	Dodson	July 13, 19	987 11:54p <sub>M</sub>					
	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS					
2	Male	Caucasian	05 18 04	83 YRS						
5	To. BIRTHPLACE AS ATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY?	9. BALTIMORE CITY OR COUN						
	Virginia	United States	WIDOWED DIVORCED	Prince Geor	rge's MD.					
0	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR					
0	Riverdale	Leland Memor	rial	Butcher	Meat Cutting					
F.	USUAL RESIDENCE HE NURSING HOM	NE OR OTHER INSTITUTION GIVE RESIDENCE BI	FORE ADMISSION) TOWN 13d INSIDE CITY LIMITS	? 13e STREET ADDRESS / ZIP CO						
3			attsville YES X NO	5902 31st Ave.						
ï	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN							
	Americus	V. Dodso		A.	Brookbank					
	160 WAS DECEASED EVER IN U.S.	ADDRESS								
	No		-2491-A Mary L. C	arpenter Same as	#13					
	18 CAUSE OF DEATH (Ente	er only one cause per line for (o), (b)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
		IMMEDIATE CAUSE (0) Carcinoma of Price 648								
		DUE TO, OR AS A CONSE	EQUENCE OF							
	Conditions, if any, which									
	gave rise to immediate couse 101, stating the	DUE TO, OR AS A CONSE	EQUENCE OF							
	underlying cause lost	(c)								
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0								
	TIO ACCIDENT WAS UNDERLYING	Home hun		une disorder	9					
1	S 190 DATE OF OPERATION	196 CONDITION FOR WH	TICH OPERATION WAS PERFORMED		200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
X	E None			YES NO NO	YES NO					
			DAY YEAR 216. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM I	B PART : OR PART 2)					
	S (IF EITHER, NOTIFY MEDICAL EXAM	AINER) P.M.	19							
	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFF	FICE, FARM ETC ) STREET	CITY OR TOWN	COUNTY STATE					
	AT WORK AT WORK									
Я		ospital) ottended the deceosed fro	55	7 10 7 13	. 19					
		nat view the body ofter death.		ion death occurred on the date and h						
	22b SIGNATURE	00101.1	DEGREE	G MEDICAL STAFF	224 DATE SIGNED					
	// hu	ea new		MEDICAL STAFF DIRECTOR PHYSICIAN	7/13/1987					
/	22d PHYSICIAN'S NAME (14		22e ADDRESS							
	Paul A.	Devore, M.D.		sbury Rd., Hyatts	sville, Md. 20781					
	230 BURIAL, CREMATION, REMOV	AL 236 DATE 2	23c NAME OF CEMETERY OR CREMATOR	23d LOCATION CITY OR TOWN	COUNTY STATE					
	Burial	07/16/87 W	Vashington Nat'l Ce	em. Suitland Prine	ce Geo. MD					
	Francis Casch's	Sons Funeral F	lome, P.A. 25a	DATE REC'D. BY REGISTRAR 256 REGI	STRAR'S SIGNATURE					
	4/39 Baltimore	Ave. Hyattsville	, MD 20781 J	JL 171987 Julia.	Teridon Pandage					

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is morked or Item

DHMH - 16 60M 7/B4

(VRA 15, 4)

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CLKIII	ICAIL OF DEATH	O / REG. N	10 th	, ,
	DECEATED NAME FIRST	ACK S.	Donna	chie	20. DATE OF DEATH	MONTH DAY Y	EAR 26. HOUR 2
3	MALe	4 RACE WHITE	5. DATE O		6 AGE (IN YEARS LAST BE		TYEAR IF UNDER 24 HRS. DAYS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT CO	UNTRY? 8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Prince		TH MD.
) I	CITY OR TOWN OF DEATH  Hyattsville	11. NAME OF HOSPITAL,  (IF NOT IN SUCH FACILITY G President	ial Woods		(TYPE OF WORK FOR MOST RETIFED		GOVE.
13 M	SUAL RESIDENCE (IF NURSING HOME OF 13b COUL)  [aryland Pr. FATHER'S NAME		ORTOWN	13d. INSIDE CITY LIMITS? YES NO 1	13e.STREET ADDRESS 4201 Queer		20781
	FIRST John	Do	nnachi	Grace	WIDOLE		Macauly
16	WAS DECEASED EVER IN U.S. AF	MT 1111 0 00 0 1000	42-2988	Jaclyn Leimb	ach-dau-	lver Spri	brair Pkwy. ng.Md. 20903
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	FD RY.	1, (b), and (c).)	Brain C	ancer	⊕EÎ	PPROXIMATE INTERVAL WEEN ONSET AND DIVITION
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  CONDITIONS CONTRIBUTIONS	INSEQUENCE OF	Arci www.	INAL DISEASE OR CON	DITTION GIVEN IN PA	ART IIa
TO LOUIS DE	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	Brain	which operation to mor		200 AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CA	NO [
	21a. ACCIDENT WAS UNDERTYING CONCONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PA	(RT 2)
1000	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY	Y, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	OWN COUN	¥TY STATE
	22a I certify that (I) (this hasp saw the deceased alive or abave, (I) (we) (did) (did no 22b. SIGNATURE	~ 15	h. 19 <b>67</b> , on	d that in (my) (aur) apinion o	death occurred an the d		m the causes stated  DATE SIGNED
	Paula 22d Physician's NAME (TYPE	2 Deur	e m		MEDICAL STA		-11-87
	PNIA.	DellaRE	MD	4793 Quet	Phibury,	19/20	281
23	BURIAL, CREMATION, REMOVAL	7-11-1987		EMETERY OR CREMATORY Litan Cremato	ry A'Texano	lria county	Virginia
24	FUNERAL DIRECTOR Hines/Rinaldi Fu	IDATA HOMA	1800 N.H. ilver Spr	. 11 11 1	3 1987 S	MESISTRAR'S SI	GNATURE *

7-11-67 Side of the Commence with the same Complete to the terminal THE DELETE HO HE SHIFT WITH SHIPE MAN THE STATE OF T

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1	1	4	
TH	DAY	YEAR	26 F	1OUE

6 1 6 100 2	18	FOR STATE REGISTRAR		DEPARTMENT OF	REALTH AND MENTAL HYG	REG. N	0.117	4
		CEASED NAME FIRST	RI E.	6	60DY	20 DATE OF DEATH	20, 1987	26 HOUR 10:15Am
rector, pours ofter o		EMALE	WHITE	5. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST BIE	YRS.	S HOURS MIN.
deoth. Pe		RTHPLACE (STATE OR FOREIGN OUNTRY) Maine	USA	WIDOW		12222xMa		eorges MD.
by the filled with	Ch	TY OR TOWN OF DEATH everly	Prince Ge	orges Gene	ral Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Sales cle	OF WORKING LIFE) INDUSTR	o OF BUSINESS OR RY ail sales
y filled in should be enosity	13e. S		JNTY 13c. CI	TY OR TOWN  OWIE	YES XX NO	13e STREET ADDRESS 12222 Mal		20715
complete		THER'S NAME FIRST  Albert H.  VAS DECEASED EVER IN U.S. A		LAST DCIAL SECURITY NO.	15. MOTHER'S MAIDEN NAME FIRST Effic	MIDDLE	Rideo	ut
ion ond constraints. Poges		res, no or unknown) (18 yes, c	OO	5-14-0197A			same as 13	
erificati g physic box popul removal c event, t		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDI.	only one couse per line for SED BY: ATE CAUSE (o)	ARDIAC	ARREST	-	BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
The otherdination of troumon		Conditions, if ony, which gove rise to immediate couse [0], stating the underlying cause lost.	(b)	CONSEQUENCE OF	CHERRY	DISEAS	て 2	OYEARS
	NO NO		CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART	lio
he low to be	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUS YES	
SECIAN SPANIC Certificate (10/1704) President		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. M		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY 1№ ITEM T8 PART I OR PART ?	3
offector of the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJ	URY FORY OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	YINUO) NWC	STATE
ATTENDI Spirit of CTOR A d fer use c of Heal		220.1 certify that (1) (this has saw the deceased alive a above, (1) (we) third) (did it			nd that in (my) ( <del>our)</del> opinion o	eath occurred on the d		
FALOR POTENTIALOR PARTIES PROTECTION OF THE		226. SIGNATURE  226. PHYSICIAN'S NAME CTYPE	un K/Sor	he-	DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STA	FF 3/11	LY >0, 1987
TO HOSP	122	NO RM AND	E. BOHR			ERIOR LAS	VE BOW	EMA
BP		SPECIFY)  rial-transit			en Cemetery	CITY OF TOWN	Arrostook,	Maine
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 E	LG BEALLY	14 Bow	i Emo A	Bew JU	22 1987	256. PEGISTRAP'S SIGN	ATURE

TO THE RESERVE OF STREET

12/19/34 no weed some and deep galler Attrick - Armed Gerral Bouglas V. Jakes Cherk - Februar Maryland Prince George Port trosabi similar ducante .H dradi 105-11-0197A Horma Moser d curs as 130 to explain a second case and the second the Surjected of the Estille Evergreen Secretary Cordion, Arrostock, Maine

the medical

#### STATE OF MARYLAND

	2	1	1	1
REG. I	NO-			

5 8 TATE		DEPART		EALTH AND MENTAL H	rgiene 7	REG. NO.	117	ລ່
1. DECEASED NAME	CLOREAN	MIDDLE R.		DUNCAN	20. DATE O		7-23-87	26. HOUR 9:30AM
					1 ACE 111	YEARS (AST BIRTHDAY)	IF UNDER 1 YEAR	M
3 SEX	4 RACE		5. DATE O		a AGE (IN	(EARS (ASI BIRTHDAT)	MONTHS DATS	
Female  To BIRTHPLACE (STA	Blac	K F WHAT COUNTRY?	July	8,1903	84	RE CITY OR COU		
COUNTRY)			MARRIED	DENEVER MARRIED		ICE GEORGI		TY
South Co III. CITY OR TOWN O CHEVERLY	FDEATH 11. NAME O	F HOSPITAL, NURSIN	NG HOME O	PROTHER INSTITUTION  ITAL CENTER	(TYPE OF WOR	OCCUPATION  IK FOR MOST OF WORKIN		OF BUSINESS OR
130. STATE  Marylane	F NURSING HOME OF OTHER INSTITUTION 136 COUNTY	ON GIVE RESIDENCE BEFOR  13c. CITY OR TOW  Upper N	VN	13d. INSIDE CITY LIMITS?		ADDRESS / ZIP C		772 W Lane
14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN IN	IAME	WIDDLE	-	AST
Calvin		Rutherf	ford	Bessie				ight
160 WAS DECEASED	EVER IN U.S. ARMED FORCES		URITY NO.	17 INFORMANT		ADDRESS		
no		239 05	8038	Bessie Ed	wards-	daughte	r-17126	Fair-
	ony, which immediate stating the DUE TO,	OR AS A CONSEQU	ENCE O	NOT RELATED TO THE E	Right RMINAL DILEAS	X FOOT	GIVEN IN PART 1	(0
STO ACCIDENT OF O	PENATION 196 CON	IDITION FOR WHICH	Gang.	N WAS PERFORMED	200 AUTO		YES, WERE FIND RTIFYING CAUSE YES	
	AS UNDERLYING 216 TIME G CAUSE OF DEATH Y MEDICAL EXAMINER)	OFLINJURY A.M. MONTH D P.M.	A YEAR	21c. HOW WJURY OCCI	JRRED (ENTER N	ATURE OF INJURY IN ITEM	18 PART ( OR PART 2)	
(IF EITHER NOTH  214 INJURY OF		E OF INJURY STREET, FACTORY OFFICE.	FARM ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
sow the d	eceased plive an we) (did) (did nat) view the ba	3/8/19	/	that in (my) (our) apinio	, to	ed on the date and	hour and from the	, that (I) (we) last e couses stated
226. SIGNATUR	nel Jours			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DAT	ESIGNED
224 PHYSICIAN	100	numan		PGGA				
230 BURIAL, CREMAT	ION, REMOVAL 236. DATE	23ε.	NAME OF C	EMETERY OR CREMATOR	y 23d LOC	ATION	COUNTY	STATE

DHMH - 16 60M 7/84

TO HOSPITAL OR ATTENDING

BP.

(VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

Stewart

Evergreen Cemetery Winston Salem, N.C.

GP BY REGI Home-4001 Benning Road, 198 REGISTRAR'S

60488 3101

STATE	OF	MARY	LAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

KIMERI	VI	ILL		MITT	MICHINE	М
CE	RTI	FIC	ATE	OF	DEATH	

	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	9 7	REG. NO. 2	1 1	16
10		CEASED NAME FIRST	M	IDDLE		AST	2a. DATE OF D		DAY YEAR	26 HOUR
.3	OFFE	OR PRINT) Dom a la	V	· W	inc	MAN	7-18	-87		8an
	3. SE:	X	4. RACE		5. DATE C		6. AGE (IN YEAR	RS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		MALE	WHITE		JUI		63	YRS.	MONTHS DAYS	HOURS MIN.
G		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8 ** A A D D I E	NEVER MARRIED	9. BALTIMORE	CITY OR COUNT	Y OF DEATH	
1		MICHIGAN	U.S.A		WIDOWE		PRIN	CE GEORG	ES CO.	MD.
1	10 C	ITY OR TOWN OF DEATH		OSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a. USUAL OC	CUPATION OR MOST OF WORKING		F BUSINESS OR
J	G	REENBELT	7810	HANOVER	_	VAY #202		ISPATCHE		TRUCTION
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU!		GREENBE	VN	13d INSIDE CITY LIMITS?	134.STREET AD 7810	DRESS / ZIP COL	PKWY #	202, 2077
6		ATHER'S NAME			d-1-2-	15. MOTHER'S MAIDEN NA	ME			
3		WILLTAM	MIDDLE	UNCAN		LORA		WIDDLE	MOT	
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU	JRITY NO.	17 INFORMANT	( F. F. F.	ADDRESS		
	(	YES, NO OR UNKNOWN) (IF YES, GIT WW.	E WAR OR DATES)	376-18-	2774	MARY LOU DUI	NCAN	(SAME A	S ITEM	#13)
		18. CAUSE OF DEATH (Enter or	ily ane cause per l	ine for (a), (b), ar	nd (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	cube	less.	rectors faile	ul			
			DUE TO, OR	AS A CONSEQU	ENCE OF			, .		
		Conditions, if any, which	(b)_(	ancero	2 40	I leng n	neta Sta	Xel		
		gave rise to immediate couse (a), stating the	DUE TO, OR	AS A CONSEQU	ENCE OF	0				
9		underlying cause last.	(c)			*-1-2-1-1				
	z	PART.2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE C	OR CONDITION G	IVEN IN PART 1	a
_	CERTIFICATION	A DATE OF OBERATION	Lin coving				Vac	avo la la la via	SC MESS SHIP	
7	FICA	190 DATE OF OPERATION	196. CONDII	NON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CERT	ES, WERE FINDIN	OF DEATH?
5	ERTI	210. ACCIDENT WAS UNDERLYING	7 216 TIME OF	INTITIDY		21c. HOW INJURY OCCUR		100	ES []	но 🗆
		OR CONTRIBUTING CAUSE OF DE	HOUR A.A	A. MONTH D		THE HOW INJUNTOCCOM	KED (ENIERNATU)	SE OF INJURY IN ITEM 18	PART TORPART2	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	21e PLACE C		19	211 LOCATION				
	ME	WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE,	FARM ETC )	STREET		ITY OF TOWN	COUNTY	STATE
	-	220.1 certify that (1) (this haspi	tal) attended the	deceased from	7-5-8	19	to7-	-18-67	10	that () (we) lost
		saw the deceosed alive on above, (I) (we) (did) (did no	7-6-87	19		nd that in ( our) opinion	death accurred o	on the date and ha		
		22 SIGNATURE	y view the body o	1 deoin		DEGREE			22c. DATE	SIGNED
		Ula,0/1/5	Coule	/		ATTENDING PHYSICIAN D	MEDICAL DIRECTOR	STAFF PHYSICIAN	5-19	87
1		220. PHYSICIAN'S NAME	d street)			22e ADDRESS			21	964
		Charles L. For	uklin	N		11120 men (+	anski.	'ne and 8	her Spe	, mel
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATH	ON		
	(	CREMATION	7-22-19	987 C	HAMBEI	RS CREMATOR	Y RIVE	RDALE	P.G.C.	Md.

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has be should be detached for use as the burial-transit permitted. with the State Dept. of Health and Mental Hygiene pr MPORTANT: If Item 2) is marked at Item 18 shows

retained by the hospital or attending

BP.

24 FUNERAL DIRECTOR W. W. CHAMBERS CO. (VRA 15, 4)

RIVERDALE,

20737 Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Davidson Pardace

operator 7-20-124 chetera cas care narrolla.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has retained by the haspital or attending physician

should be detoched for use as the burial-transit with the State Dept. of Health and Mental Hygis IMPORTANT: If them 21 is morked on them 18

physician and completely filled in by the funeral director, page 3 nappers. Pages 1 and 2 should be filled within 72 have after death

#### STATE OF MARYLAND

HEALTH AND MENTAL HYGIENE

DEP	ARI	MEN	101	HEA	LIH	AND	MENTAL	HI
		CE	RT	IFIC	ATE	OF	DEATH	

		×	-7	
7	9			- 4
	REG. NO		*	

1,	FOR	DEPAI	RTMENT OF H	EALTH AND MENTAL HYGI	IENE	7 /
1	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	B / PEG NOZ	11//
1. DI	ECEASED NAME FIRST	WIDDLE	_ 1	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(TYF	Marie Marie	on R	Du	nlap	7	12 87 12 A M
3. SE	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	Female	Caucasian	10		80 YRS	
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	RY? 8		9 BALTIMORE CITY OR COUN	
	COUNTRY)	U.S.A.	WIDOWE		PRINCE GEC	
10.0	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
1	LINTON	SO. MALVIAX	11 96	SP. ("ENTER	Salesperson .	Woodies
Ust	IAL RESIDENCE (IF NURSING HOME OF					
	STATE 13b COUN		OWN	13d. INSIDE CITY LIMITS? YESX NO [	13e.STREET ADDRESS / ZIP CC 2417 Kelford L	
_	ryland P.G.	Bowie		15. MOTHER'S MAIDEN NAM		alle 20/13
	FIRST	MIDDLE LAST		FIRST	WIDDLE	LAST
	Charles	Stephan		Mary		Michaels
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDRESS	
	No N/	- 10-0 00	-8595	Sylvia Dunla	ap Same as 13.	A-E
	18 CAUSE OF DEATH (Enter or	nly ane cause per la to tal, the	and it	. //	/ 0	BETWEEN CHIEF AND DEATH
	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (o)	esto	- lotery	o Daila	~
1	IMMEDIA	1	7		0	
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Ě		The state of the s			YES NOX	YES NO
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	OR CONTRIBUTING CAUSE OF DE					
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	22a I certify that (I) (this hasp	ital) attended the deceased fro	m 9/ c	19 9-	2,10_7/(7_	. 19 7. that (It (we) lost
	sow the deceased olive an	7/11	E 2/	nd that in (my) (aur) opinian a	deoth occurred an the date and l	nour and fram the couses stated
	22b. SIGNATUR	ot) view the body ofter death.		DEGREE		22¢ DATE SIGNED
	1 1 m	10-1-		ATTENDING PHYSICIAN	MEDICAL STAFF	
	22d PHYSICIAN'S NAME	OF SHOOT		22e ADDRESS	DIRECTOR PHYSICIAN	
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	1-2-11/	nos y An		7235		-1.4 2.148
23a	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	CAUNTY
	Cremation	July 12,1987	Lee Cre	ematory	Clinton, Princ	ce George's MD

BP

July 12,1987 Lee Crematory
Lee Funeral Home, Inc. 24 FUNERAL DIRECTER

Clinton, Prince

250 DATE REC'D. BY REGISTRAR 256 RECORDS

Old Alexander Ferry Rd., Clinton, MD 20735

		1	FOR	1133	STATE OF I	MARYLAND	AVGIENE	
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ME, MD.	PM 3. 2, 2, 2, 2, 2, 2, 2, 3, 3, 3, 3, 3, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	W	ATHER'S NAME Illiam Durham	WIDDLE	LAST		EN NAME MIDDLE Williams	LAST
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•	ICAL EXAMINER: THE CERTIFICATE, SHOULD BE FORW BE FORW WITH THE STATE ONE, WARYLAND, 2006, MARYLAND, 2006, MAR		ACTUAL SIGNATURE	ural causes 2.	Accident , Suicide		Undetermined monner	DATE 7-11-8
5	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, M	23a B	EXAMINER'S NAME Augt	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	134 NAME OF CEMETERY	OR CREMATORY	ayburn Ct , Temp	
07/84 25M	8P	Bi	ITIAL UNERAL DIRECTO	July 16%	/1987 Harmo	ny Memori	al Park Land	lover, Mary land
11	DHMH : 17	1	NAME DIRECTOR	No har Buch	estare.	Con No No	E 2 3 1987	~ · · · ·

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26 DATE KNOWN LITYPE OR PRINTS ESTI-DEATH MATED JE LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 9. BALTIMOREO MARRIED | NEVER MARRIED | Virginia U.S.A. DIVORCED Prince George' ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1126 KIND OF BUSINESS Stoker Engineer Mental Clinton USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3a. STATE 113h COUNTY 13d. INSIDE CITY CIMITS? 5901 Sellner Lane/20735 Pr.Geo's Clinton Maryland YESX 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Ida Bolden Edgar Mae Edwards Rosemary Sellner-Clinton, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. LYES NO OR LINKNOWN) No 18 CAUSE OF DEATH (Enter only one couse per mentar (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING AGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND, 21201 PRIOR TO BURIAL, CREATINGORE, MARYLAND, 21201 PRIOR TO BURIAL, CREATINGORE, 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE NOT WHILE 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Accident Suicide Natural causes Homicide Undetermined monner 23a BURIAL CREMATION REMOVAL 23b DATE Burial Waldorf (Charles) Mary Land 7/6/87 Trinity Memorial Gardens 07/84 BP 25M 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE A. Coleman -Uppers Marlboro, Md. Home 20772 **DHMH** - 17

(VR A15 ME (5))

Market Andrews

201 W. PRESTON ST., BALTIMORE, MD. 21201

DIVISION OF VITAL

07/84 25M

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

37 J	JL I		GISTRAR		MED	ICAL EXAMIN	ER'S C	ERTIFICATE O	F DEATH REG. N	10.	
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CHARLE A	3		Y OR TOWN OF DEA	TH 11. N	F NOT IN SUCH AC	ITAL, NURSING HOME	, OR OTH	ER INSTITUTION	12a USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)		OR INDUSTRY
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SEG PA	/	(YE	(AS DECEASED EVER S, NO, OR UNKNOWN)	(IF YES, GIVE WAR OR		16b. SOCIAL SECURITY			ADDRES	3441 40	Oth Place
PAGE	1	No				218-54-62		Dorothy F	Phipps(mother)		
MAN WAR			PART I DEATH W	H (Enter anly one AS CAUSED BY:	cause per Te	ar (o), (b), and (c).)	. 1	Usease		BE	TWEE 10722 TO DEATH
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A H S H H	, L	7.	SIGNATURE	ugranio	1.10	myces	M.	oraques	MEDICAL EXAMINER	DATE SIGNED	7-17-87
UTE OF STATE	0		EXAMINER'S NAME	Licusto	PROD	wedness-	MO	canal	nehund L. C.	n Chr.	DI Fraz M
EXECU EXECU PAGE TO FU BALTER	4	22 - 21	TYPE OR PRINT	EMOVAL Last D		23c NAME OF CEA		ADDRESS 009 K	1234 LOCATION	וורישונים	Joed My
		430. BC	Cremation, R		18/87			Crematory	CITY OR TOWN	Fairfax	va.
BP	-	والم الم				Home, P.			EC'D. BY REGISTRA 17% REG		
DHMH - 17 (VR A15 ME (5)			NAME		ADDRESS	ille. MD 20		1111 2	2 1987 Julia d	Much L. V.	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REC HO 20 DATE KNOW OF S NECES.
FUNERAL DIRECTOR
FOUR FILES
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FOUR STRE DEATH MATED 4. RACE 6 AGE (IN YEARS IF LINDER 24 HRS DATE YEAR LAST BIRTHDAYL DEAD TO BIRTHPLACE (STATE O 9 BALTIMORE CITY MARRIED DENEVER MARRIED FOREIGN COUNTRY! U.S.A. Md. WIDOWED [ DIVORCED ID CITY OF FOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Ret-Photographer Photogra-USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 3a. STATE 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Evans Avers Joseph Emmilee 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS DIVISION 577-26-6543 Evans-Same as # 13 above Vivian Yes WW CAUSE OF DEATH (Enter only one cause per line for (a), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO DA 716 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 714 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: PAFFE DEATH, WITH THE STRAIT MORE, MARYLAND, 2011 MORE, MARYLAND, 2011 MAR Inspection 2 22e I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted fram: Accident Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE John S. Rogers, M.D. XAMMER'S NAME Silver Spring, Md. TYPE OR PRINT BURIAL PREMATION REMOVAL 735 23¢ NAME OF CEMETERY OR CREMATORY ESURRECTION CEM. 07/84 BP 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

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Commence September 19 Commence 1

John S. Mogers, G.D.

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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

25M

**DHMH - 17** 

(VR A15 ME (5))

24 FUNERAL DIRECTOR

P. O. Box 43352,

Richard Rappass Inc.

Washington,

STATE OF MARYLAND

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FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL H	YGIENE	
CERTIFICATE OF DEATH	8	1

REGIS	IRAR				4414		REG. NO	Sim II		
1. DECEASED		FIRST	۸	AIDDLE	, L	LAST	20. DATE OF DEATH	MONIH DAY	YEAR 2h	HOUR
(TYPE OR PRINT)	Pas	gut/e		4	Eem 1 A	-10		7 6	87 M	PM
3. SEX	1112		RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF I	1.00	UNDER 24 HRS
	_		^			14-1901 YEAR	86	MON	THS DAYS HO	DURS MIN.
Ma			Cauca			14-1701		YRS.		
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Naple	S		U.S.A	A .	WIDOWE	Y	Prince Ge	orges	Country	MD.
IO. CITY OR T	OWN OF DEA	TH 1				OR OTHER INSTITUTION	120 USUAL OCCUPATE		126. KIND OF BU	
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	-	ING HOME OF O			EFORE ADMISSION)					
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WHILE AT WORK	NOT WH	HILE	(AT HUME, SIN	REEL, PACTORY, OF	ICE FARM, ETC. J				7.	
	ertify that (I)		l) attended the	e deceased fro	om G	130 10 8	7 10 7/6	19	87 that	t (I) (we) last
	w the decease		7/		A STATE OF THE PARTY OF THE PAR	nd that in (my) (our) apinion	death occurred on the de	ate and hour a		-
ob	oove, (1) (we) (c	did) (did not)	view the body							
226. SK	GNATHRE.	1 1	1	111	11	DEGREE ATTENDING	MEDICAL STAF	E	22c. DATE SIG	NED
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22d. PH	IYSICIAN'S NA	AME (TYPE OR	PRINT		1	22e ADDRESS				
Ric	chard P	Dela	aney, M	.D.		4323 Havard	Street, Sil	ver Sp	ring, Me	d. 20906
	CREMATION,				77. NAME OF	EMETERY OR CREMATORY				
15PECIEVE		KEMOVAL	7-9-19	987	Gate o	f Heaven Cem.	SINOVOTO S	Spring a	Mont.	MdATE

DHMH - 16 50M 4/83 (VRA 15, 4)

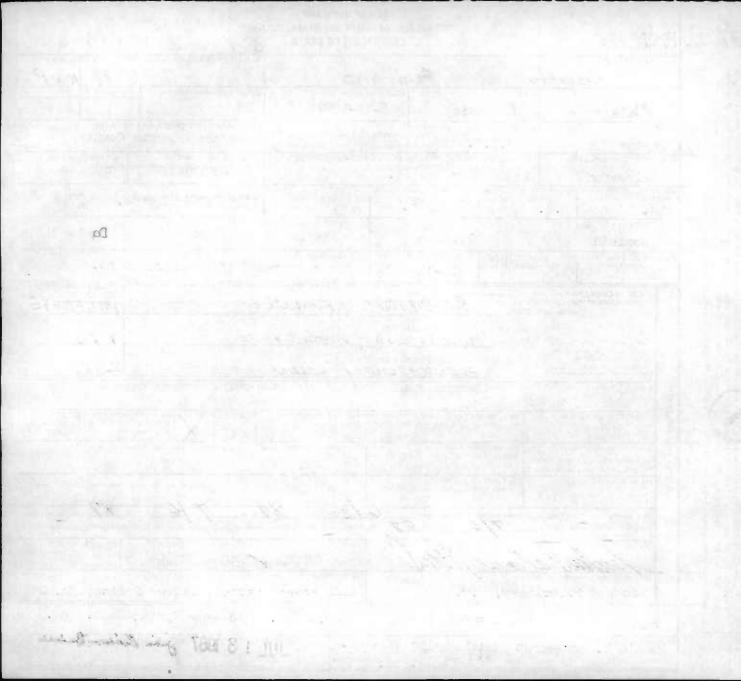
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TO FUNERAL DIRECTOR. After the certifi-thould be detached for use on the buriol in with the Store Dept of Health and Montal etained by the hospital or attending

MPORTANT: If hem 21 is marked or

Donald V. Borgwardt

4400 Powder Beltsville. Rd. Mill Md. 20705 250 DATE REC'D 3Y 198 TRAN 25 DECISION DE LO LA COMPANION DE L



STATE OF MARYLAND

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	TION	aerife de			70000	u.	1 /11 /11	encay (	were				
5	CERTIFICATION	190 DATE OF OPERA	TION	196. CONDITION WOR WHICH OPERATION			N WAS PERFORMED	200 AUTOPSY?	20b IF Y	ES, WERE FINDIN	NGS USED OF DEATH?		
4	ERTIF	21a. ACCIDENT WAS UND	DEBLYING T	21b. TIME O	E INTITION		21c. HOW INJURY OCCURE	YES NO		YES 🗌	NO []		
3		OR CONTRIBUTING				Y YEAR	711. HOW HAJORY OCCUR	CED (ENTER NATURE OF IN)U	IRY IN ITEM 18	PART   OR PART 2)			
	MEDICAL	(IF EITHER NOTIFY MEDI		?le PLACE (		19	21f. LOCATION						
	ME	WHILE NOT WH	THE		PEET, FACTORY OFFICE, FA	RM, ETC )	STREET	CITY OR TO	NWC	COUNTY	STATE		
		220.   certify that (I)		X oftended the	e deceased from	7-17-	- 19.87	to 7-18-		19 87	that (I) XXost		
		sow the decease	ed alive on	7-17	19	87 , or	nd that in (my) (our) opinion (	death accurred on the d	ate and ha	our and Irom the	couses stated		
		226 SIGNATURE	1	)	oner debin.		DEGREE	ALTERNATION OF THE PARTY OF THE		22c. DATE	SIGNED		
	25		Wa	lula	81	n		MEDICAL STA	FF CIAN [	7-18	-87		
1		R. RUS		R PRINT)			6132 LAN	UDOVER R	OAD	un 20	785		
-	23a B	BURIAL, CREMATION,	REMOVAL	23b DATE	73c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION					
	f:	speciev) urial					41 .	em. Arlingte	on \	/irginia	STATE		
		KANCTS CA	ASCH					E REC'D BY REGISTRAR	25b. REGI	STRAR'S SIGNAT	TURE		
		39 Baltimo						11 22 1987	Jul	in Kind	9		
1											- Constant		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

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MAPORTANT: If them 21 is morked or them 18 shows any

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STATE	OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

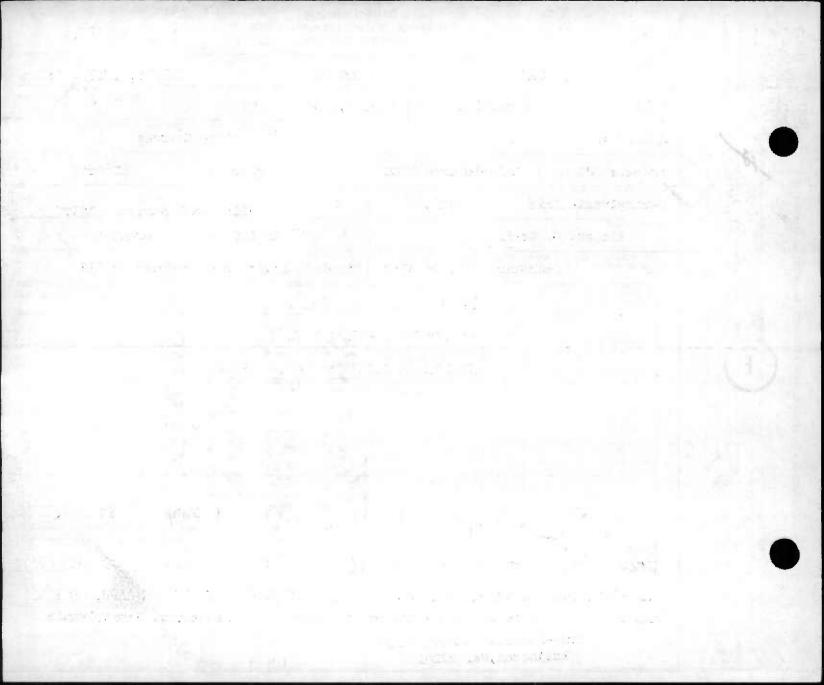
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DECEASED HAME   1981   1982   1983   1984   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985		1 -1	FOR OSTATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYGICATE OF DEATH	REG. N	2	8	5
MICHAEL  S. DATE OF BRITE  Male  Caucasian  S. DATE OF BRITE  CAUCASIAN  S. DATE OF BRITE  DECT. 8, 1966 ***  20	Ì				-							
MALE  CAUCASIAN  DEC. 8,1966  TAM  TOURN OF WHAT COUNTRY  MARRED  MARR	l		ON PRINTING	MICH	AEL 1	ŁKUY						-
STORY   Pa.   USA						Lan				MON		
Andrews AFB  MATCOINFUSCASE ATM  MATCOINFUSCAS				RFOREIGN		WHAT COUNTRY?					FDEATH	MD.
134 STREET ADDRESS / ZIP CODE   134 STREET ADDRESS / ZIP CODE   132 STREET ADDRESS / ZIP CODE   133 STREET ADDRESS / ZIP CODE   132 STREET ADDRESS / ZIP CODE   133 STREET ADDRESS / ZIP CODE   132 STREET ADDRESS   232 SP PEACH STREET   145 STREET ADDRESS   242 STREET A			_	- 7				DR OTHER INSTITUTION	120 USUAL OCCUPAT	TION OF WORKING LIFE)	126 KIND O	F BUSINESS OR
TRICHARD G. TOWNS   TANK   TOWN   TANK   TOWN   TANK   TOWN   TANK   T						GIVE RESIDENCE BEFORE	ADMISSION) N	YES NO	3325 Peacl		t 36	9997
It CAUSE OF DEATH (Enter only one couse per line for rol. th) and (c)		14 FA		rd G.	Tewis	LAST				Merch	nant 145	it
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).  CONDITIONS, IF DNY, which gove rise to immediate couse (a), storing the underlying couse (b), and thot in (a) (a) (a) (a) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b	I										as #13	
19th Date of Operation   19th Condition for which operation was performed   19th Cause of Death   19th Cause			Conditions, if on gave rise to in couse (a), state	WAS CAUSE  IMMEDIA  y, which nmediate ting the	TE CAUSE (o)  DUE TO D	CARDIORES PNEUMONIT	SPIRAT	PROBABLY FUNGA				
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)  27d I certify that (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19		ICATION							20a AUTOPSY?	20b. IF YES, V	WERE FINDIN	NGS USED
22e I certify that **(this hospital) oftended the deceased from 19 20 19 20 10 19 20 10 19 20 10 19 20 10 19 20 10 19 20 10 19 20 10 19 20 10 19 20 10 19 20 10 10 10 10 10 10 10 10 10 10 10 10 10			OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.	M. MONTH DA						но 🗍
saw the deceosed olive on the dote ond hour and from the couses stated above, M (we) (did) the view the body offer death.    278. SIGNATURE   DEGREE   ATTENDING   MEDICAL   STAFF   PHYSICIAN   DIRECTOR   PHYSICIAN   DIRECTOR   PHYSICIAN   PHYSICI		MED	WHILE NOT	WHILE			ARM ETC )	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OF PRINT)  PATRICIA LYNN VERHULST, CPT, USAF, MC MALCOLM GROW USAF MED CEN AAFB, MD 20331							87.0	nd that in (*) (our) opinion	death occurred on the	dore and hour a		
PATRICIA LYNN VERHULST, CPT, USAF, MC MALCOLM GROW USAF MED CEN AAFB, MD 20331			226. SIGNATURE	La.	in Cert	lenter		ATTENDING PHYSICIAN	MEDICAL STA MEDICAL STA DIRECTOR □ PHYS	AFF ICIAN 🗌		
			DATDTCTA	T VNINT	ORPRINT)	י רסיד זוי	SAF I		ROW IISAE ME	D CENI A	AFR N	MD 20331
		23a_B										

Arlington, Va. 22201 PHMH 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is morked or Hem 18 shows = 11



FOR STATE

## STATE OF MARYLAND

DEP

ARTMENT OF HEALTH AND MENTAL H	YGIENE				0
CERTIFICATE OF DEATH	8	1	REG. NO	-	O

REGISTRAR						REG. N	0			
I. DECEASED NAME	FIRST		MIODLE		LAST	20. DATE OF DEATH	MONTH DAY		26 HO	UR
(TITE OK PRIMI)	RENA		LEE	FI	NCH		7 1	87	10.	SEPM
3. SEX		4. RACE		S. DATE		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER	R 24 HRS
Female		CAUC	ASIAN	6	-23-1899 YEAR	88	YRS.		HOURS	an ini,
70. BIRTHPLACE (ST.	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY		FDEATH		
VIRGINI		U.S.		WIDOW		Prince Geo				MD
10 CITY OR TOWN C	FDEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (	OR OTHER INSTITUTION	17g USUAL OCCUPAT		12b. KIND O		
Lanham					rsing Home	HOMEMAKE	R	OWN	N HON	ME
USUAL RESIDENCE ( 136 STATE  MARYLAND	IF NURSING HOME OF	ROTHER INSTITUTION	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 8200 GOODL		D 2	07	06
14 FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAS	1	
JOHN	HE	NRY	BROOKS	S	MILDRED	ANN		CROWDE		
160 WAS DECEASED			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS			
NO NO OR UNKNOV	(IF YES, GP	VE WAR OR DATES)	226-09-32	204	RAYMOND C. FINC	H 8200 GOODLU	CK RD LA	NHAM, MD	-SON	
			er lipe for (o), (b), and	d resul	1 /3			BETWEEN	IMATE INTE	RVAL D DEATH
PART I. DEA	ATH WAS CAUSE IMMEDIA	ED BY: .TE CAUSE (a)	Caren	un	u of Ipra	set c my	sto hose			
			OR AS A CONSEQUE	NCE DE						
Conditions, if		(b)	Rupe	eats	y arreit					
gave rise to		DUETO	OR AS A CONSEQUE	NCE DE	1					1914
underlying	couse lost.	(c)		-00 C	faciliere					
	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	0.	
O										
AND STATE OF O	PERATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	20b. IF YES, V			
E						YES NO	YES		NO [	
210. ACCIDENT W		216. TIME O		Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART	ORPART 2)		
OR CONTRIBUTION	G CAUSE OF DE	~111	.M.	19						
CHETTHER NOTH	CURRED		OF INJURY		211. LOCATION	CITY OF TO	IWN	COUNTY		STATE
Annual C	AT WORK	[AT HOME SI	TREET, FACTORY, OFFICE, FA	ARM, EIC)	3ike.	( )				31111
220.1 certify th	ot (I) (this bosp	tal) oftended t	he deceased from_	4/8	F		, 19	81	that (h (	(we) last
	eceosed alive on		19_	72.0	nd that in (my) (aug) opinion o	death occurred on the d	ote and hour o	nd from the	couses st	tated
226. SIGN	(we) (alld) (did no	or view he body	y difer death.		DEGREE			22c DATE	SIGNED	)
100	erry,	Kern	- les a	1	ATTENDING	MEDICAL STA	FF CIANI	July	2 .	1987
22d. PHYSICIAN	N'S NAME (TYPE O	OR PRINT	1		22e ADDRESS	P DIKECTOK   PHYSIC	, IAIN []	Todiy	-,	. 507
Barry	Rosenb	era			6501 Landove	r Rd. Che	verly	Md.	2078	5
230 BURIAL, CREMAI			173 t N	IAME OF C	CEMETERY OR CREMATORY	73d LOCATION	7			
(SPECIFY)	KEMOTAL				- CHEMATORI	CITY OR TOWN		COUNTY		STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If hem 2

BURIAL 7-5-87 LEEMONT

24FRANCISCASCH'S SONS FUNERAL HOME, P. A 250 DATE REC'D. BY REGISTRAR'S SIGNATURE

ADDRESS

AND ADD

TO DEVASSO 2004 A 200 S was 1887 Carried States of the States of the

Francis J. Callins, Jr.

500 University Blvd. W. Silver Spring.

**DHMH - 17** 

(VR A15 ME (5))

likini Francis I. Collins It. 1981 University Eld., ". Silver Spring Vi. 2001

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Charles to the contract of the

AND CONTRACTOR OF THE PROPERTY OF THE PROPERTY

en signed by the ottending physicion and completely filled in by the funbral director, page 3. I. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours after death or to buriol, cremation, or removal.

injury, or other troumotic event, the medico

FOR STATE REGISTRAR

DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE  REG. NO.)		1 9	J	
MIDDLE	1.	AST	M. DATE OF DEATH MON	TH DAY	YEAR	2b. HOUR	5
= ,	FLOW	OD	July	5, 1	1987	1:00	1
	5. DATE O		6 AGE   IN YEARS LAST BIRTHDA		UNDER 1 YEAR	IF UNDER 24 HRS	
te	Sep	t. 1 1891	95	YRS.	NIHS DAYS	HOURS MIN,	
WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED XX	9 BALTIMORE CITY OR CO		FDEATH		_
A.	WIDOWE		Prince	Geor	rges	MD	).
HOSPITAL, NURSING THE FACILITY, GIVE STREET AIR CREAT	DDRESS)	ROTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Teacher	1	126. KIND O INDUSTRY	F BUSINESS OR	
GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Silver Sy	1 1	13d. INSIDE CITY LIMITS? YES XX NO []	13e.STREET ADDRESS / ZII	CODE t Mi]	Lls Av	2901	
Flood		15. MOTHER'S MAIDEN NAM	MIDDLE		Galli	gan	
166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRESS	8200	Wisco	nsin Aye	3.
104-20-4	1289	Mrs.Margaret	Rieschick B	ethes	sda Md	20814	
line for 101, (b), and PUTE CONE	(c).)	EHEART FA	rune -		APPROXI	MATE INTERVAL DINSET AND DEATH	_
RAS A CONSEQUEN	NCE OF	KUTIZING ME	ZIMONIA		61	DAUS	
R AS A CONSEQUEN	NCE OF						

М		OR PRINTS	MIDDLI		AST	12	M. DATE OF DEATH	HINON	DAY YEAR	26. HOUR
	JIMPE	ANNA	E.	FLOR	OD		July	5,	1987	1:00
Э	3 SE	X	4. RACE	5. DATE C		1 6	AGE   IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
U	270	Female	White	Sep	t. 1 1	891	95	YRS.	MONTHS DAYS	HOURS MIN.
0		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY? 8.		- 9	BALTIMORE CITY O		Y OF DEATH	
1		New York	U.S.A.	MARRIE	D NEVER MARR		Prince	e Ge	orges	MD.
	10. €	ITY OR TOWN OF DEATH		PITAL, NURSING HOME C	ROTHER INSTITUT		20. USUAL OCCUPATION			F BUSINESS OR
9	H;	yattsville /	Sacre	ed Heart H	ome		Teacher	WORKING LI		1001
1	USU,	AL RESIDENCE (IF NURSING HOME OF		RESIDENCE BEFORE ADMISSION	A LOUIS DE CITY II	were b	CYDERY ADDRESS	710 000	27/	16201
2	M	aryland Mont		llver Spring	13d. INSIDE CITY LI			mt M	ills Av	e./9/
-	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MA	IDEN NAME	MIDDLE		IAS	
		James	- I	Flood	Marg	aret	-		Galli	gan
		VAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO.	17 INFORMANT		ADDRE	S 820	O Wiscon	nsin Ave.
4	,	YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	104-20-4289	Mrs.Marg	aret 1	Rieschick	Beth	esda Md	208146
		18. CAUSE OF DEATH (Enter or	aly one couse per line	for (a), (b), and (c), (						MATE INTERVAL DISET AND DEATH
		PART I. DEATH WAS CAUSE	D BY:		EHEAR	TAN	LURE			HOURS
		IMMEDIA								
	100	Conditions, if any, which	DUE TO, OR AS	A CONSEQUENCE OF	KOTIZINE	- PAT	UMONIA		61	DAUS
		gove rise to immediate	(6)2/101	116/1/20	21/24/10	7,,,,	177701117			
		couse (a), stating the underlying couse lost.		A CONSEQUENCE OF						
Н		PART 2 OTHER SIGNIFICANT	ONDITIONS CONTE	DIRLITING TO DEATH RUT	NOT BELATED TO T	HE TERMIN	IAL DISEASE OR CONT	UTION CO	(EALINI DADT 1	
	Z	ATHEROSCHEROT	TO PARDICK	ENAY KARIA	- V 1	2952	TAL DISEASE OR CONE	IIION GI	VEN IN PART III	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERATIO			20a AUTOPSY?		S, WERE FINDIN	
L	E						YES NO		FYING CAUSES	NO [
5	E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF IN.		21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	IN ITEM IB	PART I OR PART 2)	
1	¥	OR CONTRIBUTING CAUSE OF DEA	NID .	MONTH DAY YEAR						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN	NJURY	211 LOCATION		CITY OR TOV		COUNTY	STATE
76	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, F	ACTORY, OFFICE, FARM, ETC	STREET		CITY OR TOV	714	COUNTY	STATE
		22a.1 certify that (1) (this hospi	tal) attended the dec	ceosed from Aug	17 19	84	10 JU	45	1987	that (I) (we) last
		sow the deceased alive on	946	45/19/100	nd that in (my) (our)	apinion de	ath occurred on the do	te and hou		
		obove, (I) (we) (did ) (did no 27b. SIGNATURE	t) view the body offer		DEGREE				Tare DATE	SIGNED
		Marta agas	alchen.	11xma	ATTEN	DING CO	MEDICAL STAF		1/5	100
1		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	001777	22e ADDRESS C	CIAN D	Manhon	AN L	2112 06	1
		MARTA A.	SCHMETA	R MD.	U	ASH	D.C. 2001	16	ZVI INC	
		BURIAL, CREMATION, REMOVAL	236. DATE		EMETERY OR CREM		23d. LOCATION			
		Cremation	7/6/87	Chambe	rs Cremat	ory	Riverda	Le	P.G.	Ma.
	24. FU	UNERAL DIRECTOR	1	Vie trade n		25a. DATE F	REC'D. BY REGISTRAR	b REGIS	PARSSIEN	THE PARTY OF
		W.W.Chambers	Co. Inc.	ADDRESSRiverd	ale Md.	JUL S	9 1987			

DHMH - 16 60M 7/84 (VRA 15, 4)

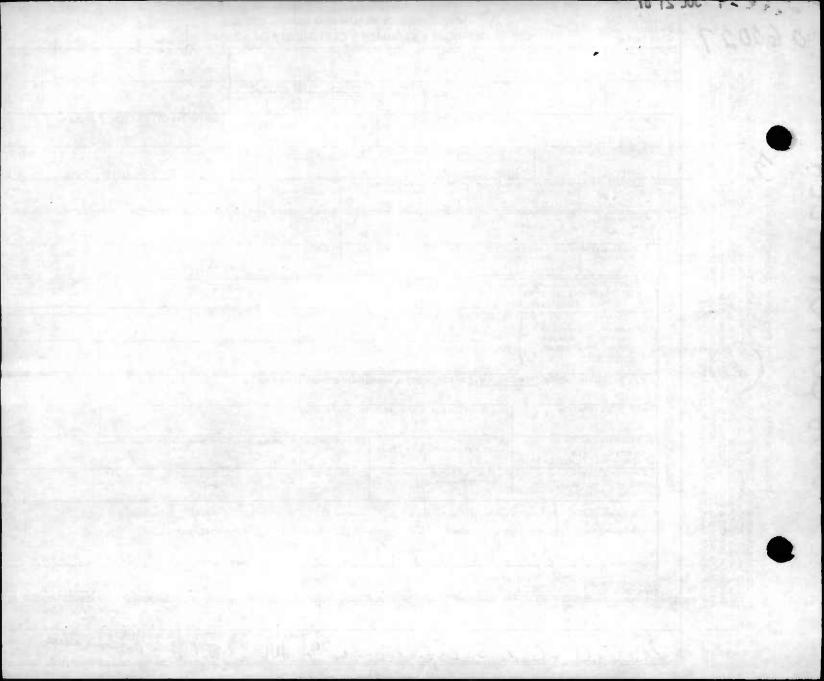
BP.

TO FUNERAL DIRECTOR, After this cashould be detoched for use as the burnwith the State Dept. of Health and Men IMPORTANT: If Hem 21 is morked or III

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	- / 500	-	For Film	G630 item	n 81-	-22	EDADTI			ARYLAND AND MENT	AL HYOIE	MP				
161	イクイク	11-	STATE 8/11/	87 rja						ERTIFICAT			AC			
00	102		REGISTRAR CEASED NAME	FIRST		71120	MIDDLE	-AAMIIN		LAST	E OIBE	4	KNOWN 3	7 8	DAY YEAR	2h HOUR
	W-1-180-1		E OR PRINT)			W	ayne			David			ESTI- MATED	7		Zu HOOK
	ENERGE SE	3. SEX	14	RACE	IS DAT	E OF BIRTH		6. AGE (IN YE	DS I IF I IN	Ford DER 1 YR. TIF III	NDER 24 HRS			MONTH	10 19 87	2d, HOUR
	SE S		1e	Black	MONT 3	DAY 28		LAST BIRTHD	AY) MONTH			PRONOUN	NCED			10:45
	STONE STONE		RTHPLACE (STA			IZEN OF WHA		26	0		3		A Later Comment	R COUNT	10 1987 Y OF DEATH	ам
-	日本な手記へ	FO	REIGN COUNTRY)					IKI		D NEVER			_			16
	2000		larylan TY OR TOWN O		11 NA	Usa	ITAL NUE	SING HOME	WIDOW	ED DE	VORCED 1		PATION (TYPE		County 126 KIND OF BL	ISINESS
1	PAGE PAGE	1		-/-	(4F.)	NOT IN SUCH FACE	LITY, GIVE ST	REET ADDRESS)			FO	R MOST OF WOR	KING LIFE)		OR INDUST	RY
()			Clinton	IN NURSING HOME O	R OTHER I	outhern	RESIDENCE	PLANA BEFORE ADMISSI	HOSD1	tal	Tr	ansit	Engi	neer	Moving	Co.
120	ANY DE ANY DE PETANN PE	13a S		Chai				or town edict		13d. INSIDE CITY LIM	11TS2 13e S1	REET ADDRE	SS 1 7	1 0	0610	
0.2	一人の大田		ryland	Chai	те	S	реп	edict		YES XX NO			x 17.	1 2	0612	
× ×	きなきのあるべ	1	Ioseph		P			Ford		FIRST	resa	M	HDDLE		Locks	
NO.	335			EVER IN U.S. ARA	_	RCES?		IAL SECURIT	Y NO.	17 INFORMANT			ADDRESS			
BALTIMO	SAFTER DE GIVE PAGE (THE FORM PAGES ) INISION	(Y.	Yes	N) (IF YES, GIVE V	WAR OR D					Patric	ia Ma		3512	23r	d Pkwy	
×		=		DEATH (Enter anl		. 1: 1			760	ratric	la Mo	пгое	Temp.	ге п.	ills M	
ST.	EM 18. SNG W ERMIT. ENE, D		PARTIDEA	TH WAS CAUSED	BY:			iple in	inries						BETWEEN ONSE	T AND DEATH
PRESTON ST	PER GIER	7	9141	IMMEDIAT		SE (a) DUE TO, OR A		-								
REST	HIN NSIT A NOTE THAT IN NOTE TH			if any, which	1	DOL 10, 0 K A	o A con	or droring .								
N. P.	22448			ta immediate	3	(b) DUE TO, OR A	S A CON	SEQUENCE	)F				-			
2	EART		lying cause	last.	1	( )		0140111011							100 100	
8	96738		PART 2 OTHER SIGN	IFICANT CONDITIONS	CDNTRIBU	TING TO DEATH BU	T NOT RELA	ED TO THE TERM	INAL DISEASE	OR CONDITION GIVE	N IN PART 1 10				1	
800	SEA SEA	NO				1					111 7 ANT 1 'S					
DIVISION OF VITAL RECORDS	PEN PEN P	CERTIFICATION	190. DATE OF C	PERATION		196. CONDITIO	ON FOR V	VHICH OPER	ATION W	AS PERFORMED	?	1			20 AUTOPSY	?
Į.	E SHOULD WARD WARD WARD WARD WARD WARD WARD WAR	E	18												YES X	NO 🗆
7.	THE WOOD THE COULD BE STANENT IR TO BU	T W	216 EXTERNAL			21b. TIME OF I		DAY VEAE	21c HC	W INJURY OCC	URRED LENTE	R NATURE OF IN	IURY IN ITEM 18 P	ART T OR PAR		
NO	CERTIFICATE SHEETING THE WORK TO THE CI E 3 SHOULD BE I E DEPARTMENT ( S) PRIOR TO BU	K	UNDERLYING CONTRIBUTING	OR CAUSE OF D	DEATH	3:37 XPYXX.	7	10 1987		ect lying	in road	struck	by car			
VISI	RETING REDED 1 SE 3 SH TE DEP PRI	MEDICAL	21d. INJURY OC			21¢. PLACE OF STREET, FACTO		(AT HOME		TATION		CITY OR TO		COU	16.1.P.M	STATE
۵	SEACES	2	AT WORK	NOT WHILE	Jx	road	C170000.13			tbound las	ne I of		WIN	COU	NIT	Md.
	ER: TH ATE, V ORW/ OR: PA HE STA VD, 21		22a. I certify	the Back And	e of the	rendigs descr	hed obo	e held on	Autops	v X loss	pection .	Inquiry		d in my api		
	AND THE NAME OF TH		death resulted	1 11	al couse		ur land	1337	icude .	Hamicide		etermined mo		a in my opi	man	
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	A SECOND		EXAMINER'S N (TYPE OR PRIN'		arle	es P. K	okes	, M.D.		ADDRESS	111 Pe	nn St.		В	alto.MD	
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STILL BALLIMORE, MARYLAND, 2	23a B	URIAL, CREMATI	ON, REMOVAL 2	36 DAT	E	23c. N			CREMATORY		OCATION		COUN	TY C1	ATE
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25M	DHMH - 17	24 FI	UNERAL DIRECT	OR /	71	ADDRES <sub>6</sub>	/		7	206 250.	DATE REC'D. I	REGISTRA		Dender		
	(VR A15 ME (5))		nart	ell a	da	ems,	Ug	uas	on	d 9 J	IUL 1	1 1987	Gulia	Develop		

STATE OF MARYLAND



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4

ding physicion and campletely filled in by the funeral director, page 3 attenpapers. Pages Land 2 should be filed within 72 hours ofter death

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	STATE	OF M.	ARYLAND	
APTMEN	T OF HI	HTIA	AND MEN	TAL

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEC NO	E			

		CERTIFICATE OF DEATH	REG. N	O.	
FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
Blanch	E.	Foster	July 2,	1987	2:0%
4. RACE		5. DATE OF BIRTH		RTHDAY) IF UNDER 1 YEA	
Cauce	sian	Oct. 13, 1894	92	YRS.	HOURS MI
OR FOREIGN 76 CITIZEN	OF WHAT COUNTRY?	8 MARRIED TO NEVER MARRIED T	9 BALTIMORE CITY	OR COUNTY OF DEATH	
USA		WIDOWED K DIVORCED		orges	,
			12a USUAL OCCUPAT	TON 126. KIND	OF BUSINESS C
			Retired		Gov't
			13ª STREET ADDRESS	/ ZIP CODE	
		YES TX NO			20715
MIDDLE	LAST				A51
	***		y T.	Ebert	
		RITY NO. 17 INFORMANT	ADDR	ES13045 Thom	okins L
JIP 1ES, GIVE WAR OR DATE	217-52-6	6746 Margaret E.	Hiller	Bowie, Md.	20715
FATH (Enter only one couse	per line for (d) (b) min	1/-0		APPRO	XIMATE INTERVAL
	11824.0				
176. CC	INDITION FOR WHICH	OPERATION WAS PERFORMED		IN CERTIFYING CAUSE	IINGS USED
S UNDERLYING 216. TIM	E OF INJURY	21c. HOW INJURY OCCU	- 41		
	A AA AAONITH DA		JRRED (ENTER NATURE OF INJE	JRY IN ITEM 18 PART   OR PART 21	S OF DEATH?
CHOSE OF DEATH	A.M. MONTH DA	AY YEAR	JRRED (ENTER NATURE OF INJ.	JRY IN ITEM 18 PART 1 OR PART 2}	
MEDICAL EXAMINER)	P.M. CE OF INJURY	19 211 LOCATION			NO [
MEDICAL EXAMINER)  CURRED  21e PLA	P.M.	19 211 LOCATION	RRED (ENTER NATURE OF INJ.		
MEDICAL EXAMINER)  CURRED  TWHILE WORK	P.M. CE OF INJURY E STREET, FACTORY, OFFICE, F.	19 211 LOCATION		OUNTY COUNTY	NO _
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Bowie, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene priar to burial, or mit

retained by the hospital or attending physicion.

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11112	TIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	OPSY? 20b.	IF YES, WERI CERTIFYING (	CAUSES OF	
1 1 1 1 1 1	CERTI	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCC	CURRED (ENTERN	ATURE OF INJURY IN IT	EM IB PART I OR	RPART 2)	
五 章 五 7 7		OR CONTRIBUTING CAUSE OF DE	AIH		AY YEAR						
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2 4 5 5 6	-	sow the deceased alive or above, (1) (we) (did) (did no	ot) view the body	ofter death.	or or	d that in (my) (our) opin	non deoth occurr	ed on the date or	nd hour and f	rom the cous	es stoted
2000年		726. SIGNATURE	//			DEGREE			27	2c. DATE SIGI	NED
A TANK		K MB	on,	mas		ATTENDING PHYSICIAN		STAFF PHYSICIAN		7115	(4)
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Burial 7/17/87 Mt Olivet Cometery Washington D.C.

24 FUNERAL DIRECTOR ROBERT E Wilhelmood Funeral Home JUL 20 1987 Julia Districtor Robert Funeral Home

4308 Suitland Road Suitland Maryland

DHMH - 16 80M 7/84 (VRA 15, 4)

D.C.

## STATE OF MARYLAND" DEPÄRTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

+	appletely tilled in the time uneral director, page 3	and 2 should be tilled — the 72 hours after death	10	
retained by the hospital of affection.	10 FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and Completely Illed in the mental director, page 3	should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages, Land 2 should the illest that the land of the contract of the	with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPODITANT: If how 21 is machined on them 18 shows one consistence from the model of the model of the

TO HOSPITAL

DHMH - 16 60M 7/B4

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1

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1	I DEC	CEASED NAME	FIRST	A	WIDDLE	į	AST			MONTH	DAY YEAR	26 HOU	
	(1117)		ROTH'	CA	ALLISTA	FR	YE	100	7-31-87			72	PM
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ч		RTHPLACE (STATE OR FOR	EIGN 76. C	ITIZEN OF	WHAT COUNTRY?	8	D NEVER M	ADDIED T	BALTIMORE CITY		Y OF DEATH		
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		18. CAUSE OF DEATH	Enter only or	e couse per	line for (a) (b), on	d (81)		ИЛ.	1	3.4/	BETWEEN	IMATE INTER	VAL DEATH
ı		PART I. DEATH WAS	S CAUSED BY MEDIATE CA		1/45	PIR.	AJONY	man	VEST				
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я		Conditions, if any, w		(b)	1/1	ETA	STATI	c (1	18CINON	114			
		gove rise to immed couse (a), stating	the 1	DUE TO, OF	R AS A CONSEQUE	ENCE OF					1915		
F		underlying couse	lost.	(c)									
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		show the deceased above, (Dws) (did	Call.	w the body	ofter death.	9/ .or	id that ir (my)	our) opinion de	eath occurred on the d	ate and ho	ur and from the	couses sto	ted
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	2 <b>P</b> F	RANCISCAS	SCH'S	SONS	5 FUNER	AL HO	DME, P.	A 250 RATE	REC'D. BY REGISTRAR	25h REGIS	TRAR'S SIGNAT	URE	-1001
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FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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R' NO.			

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fun de	0	10 CI	TY OR TOWN OF DI		11. NAME OF H	OSPITAL, NURSIN	IG HOME O	R OTHER INST	ITUTION	Prince George's N 124 USUAL OCCUPATION 126. KIND OF BUSINESS O						
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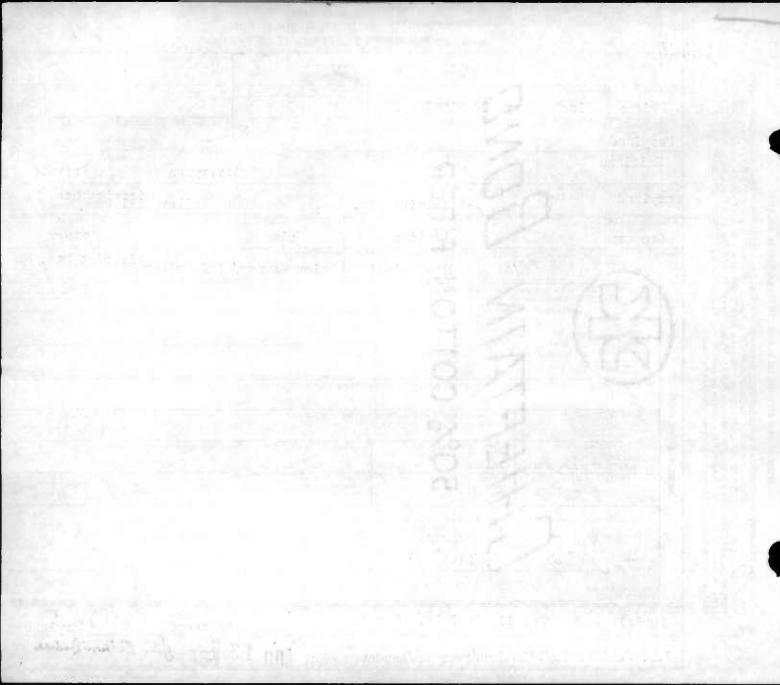
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		tem 17, Per.F. Call from F.H. 8/27/87 STATE OF MARYLAND  FOR STATE CERTIFICATE OF DEATH 8  REGISTRAR  TO DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  REGISTRAR	
060	439 JUL 2	ELIZABETH M.D. Hickey GAHAN 20. DATE OF DEATH MENT 19 87 20 08	27AM
	ge 4 may be ector, page 3	Emale White January 5, 1905 82	R 24 HRS MIN.
	Po der Po	OUNTRY)  ON YORK  TO CITIZEN OF WHAT COUNTRY?  WHAT COUNTRY?  WIDOWED DIVORCED OF BALTIMORE CITY OF COUNTRY OF	MD.
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MARYL	ompletely ond 2 sh	Daniel J. Hickey Margaret Houlihan	
BALTIMORE,	n and co	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDITION 18 CAUSE OF DEATH IEnter only one couse per line for (a), (b), and (c):	ld.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	w require must be death certification of the man corporation of the properties of the man corporation of the man c	PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (0)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  1200 AUTOPSY 1	ED
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	DHMH - 16 60M 7/B4 (VRA 15, 4)	739 Baltimore Avenue Hyattsville, Md. 20781	dans

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DIVISION OF VITAL RECORDS, 201 W.	G THE WO TO THE C HOULD BE ARTMENT	MEDICAL CERTIF	UNDERLYING	IG CAUSE O	F DEATH 2:43P.M	MONTH DAY YEA 7-7- 19	87 P	assenger o			fire to	ruck collision
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07/84 25M	BP				Jul 11, 19	87 Ft. Lin	coln		23d LOCATION CITY OR TOWN Brenty			Maryland
23/11	DHMH - 17 (VR A15 ME (5))	J .	.B. Jen	kins FH,	/7474 Lando	over Rd/Lan	dover	, Md ZSa. DATE	REC'D. BY REGISTR	7 256 JEGISTR	Dept Signat	- Rondres



10			FOR the Med	rt #2, 2	1a,-22a., G-/2/87. Gbip	-631, by ST	ATE OF MARYL	AND MENTAL HY	GIENE		0 8	
		-	STATE REGISTRAR				NER'S CERTIF			REG. NO.	7 0	
	015	/TVPI	CEASED NAME	FIRST		MIDDLE	LAST		2a. DATE	KNOWN MONT	H DAY YEAR	2b HOUR
167	6 du 5 aug		87	LOU		LANHAM		RRETT	DEATH	MATED 🔀 7-	27879	N
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۵	E, WRI RWARE RWARE STATE	-	AT WORK AT	WORK	hor		6201 Ser	geant Roa	d, Hyatts	ville, P.G.	, Maryl	and
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	PAGE PAGE	Hyatts	ville		geant Rd.		RINSTITUT	ION	FOR MOST O	CCUPATION (TO WORKING LIFE)		OR INDUSTR	RY
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BALTIMORE, MD.	AFTER SINE PU H FOI AGES ASSION	NO (YES, NO, OR UN	(IF YES, GIVE	WAR OR DATES)	100 SOCIAL SECON	UNK			OOL-DAU		L818 Mea		
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DIVISION OF VITAL RECORDS, 201 W.	THE WORLD BE		RNAL CAUSE WAS		NJURY MONTH DAY YEA		W INJURY	OCCURRED	LENTER NATURE	OF INJURY IN ITEM I	B PART 1 OR PART 2)		
SION	RTIFIC NG TI SHOU REOR	714 IN III	UTING CAUSE OF	DEATH P.M.	7 27 19 8	37 hc	t weat	her		100			
DIV	TO MEDICAL EXAMINER: THIS CRTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PREG 4 SHOULD BE FORWARDED TO THE CHIEFA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARMAND, 21201 PRIOR TO BURIAL, OF LAND THE STATE OF THE STATE	WHILE AT WORK	NOT WHILE	STREET, FACTOR home	Y, FARM, ETC.)		Serge	ant Rd.		tsville,	P.G.,	Mary	state
	FOR THE S			ge of the remains descri		Autaps		Inspection			and in my apinia	n	
	XAM ERTIF LID BE WITH ARYL	death re	sulted fram:/ Natur	ral causes U.	ccident XI, s	uicide .	Hamici TITLE (SP		Undetermin	ed manner			
	ATHEORY WE'N	2 ACTUAL SIGNATU	RE MOUNT	or you		W.I			MEDICALI	EXAMINER	DATE SIGNED_	7-29-8	7
	MEDIC ECUTE GE 4 S FUNE TER DE	EXAMINE (TYPE OR	R'S NAME PRINT)	Mario F. G	Solle, Jr.	, M.D	DDRESS	11	1 Penr	Street			
	700	23a.BURIAL, CRE Burial		8/3/87	23c. NAME OF CO				23d. LOCATI	/N	COUNTY	STA	
07/84 25M	BP_[0]	24 FLINEPAL DI	PECTOP		Marylan		12	Sa. DATE RE	C'DA BY REGI	Laurel		ryland	
	DHMH - 17 (VR A15 ME (5))	ALĚXANI	ER S. POPI	E-2617 Pa A	ve SE Was	h.,D.	c.	AUG .	1 198	31 9	Sisily Warrist		U. C.

# 060778 JUL 20 FOR STATE GISTRIA

201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS.

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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6	60	
REG NO.		

41	O	HEGISTRAR						REG. NO	).			
1	DEC	EASED NAME FIRST ORPRINT)		AIDDLE		YNOR	2	7/22/87	HINOM	DAY YEAR	262HO3	OPM M
3	. SEX	Male	Black		S. DATE O		ž <sup>E</sup> AR 27	6 AGE (IN YEARS LAST BIR)	YRS	IF UNDER TYEAR	IF UNDER	R 24 HRS MIN.
2	No	RTHPLACE (STATE OR FOREIGN OUNTRY) rth Carolina	U.S.A	WHAT COUNTRY?  OSPITAL NURSIN	WIDOWE		ORCED	PRINCE GET		S COUNTY	E BLICK I	MD.
		TY OR TOWN OF DEATH	PRINCE	GEORGE'S	HOSPI			(TYPE OF WORK FOR MOST O Elect. Supp	E WORKING			E33 OK
1	30 S Ma	TATE  TYLAND  RESIDENCE (IF NURSING HOME OF TATE   136 COU  P. (	NTY	Palmer P	N I	136 INSIDE C	NO 🗌	7736 Oxman				
	Ri		MIDDLE	Gaynor		G1e1	MAIDEN NA	MIDDLE		Pur	vis	
		YAS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) 1950	RMED FORCES? VE WAR OR DATES) -1952	241-30-0		Mary (	Saynor	7736 Oxma		. Palmer		
	ATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	CONDITIONS CO	R AS A CONSEQUE	DEATH BUT	NOT RELATED	TO THE TERM		20b. IF YI	ES, WERE FINDIN	NGS USE	
7	CERTIFICATION	210. ACCIDENT WAS UNDERLYING			in vere	21c HOW IN	JURY OCCUR	YES NO	١	PART I OR PART 2)	OF DEA	
1	MEDICAL	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  E NOT WHILE AT WORK	P. 21e PLACE		19	21f LOCATIO	N	CITY OR TO	wn	COUNTY		STATE
		22a.1 certify that (1) (this hasp saw the deceased alive o abave, (1) (we) (did) (did n 22b. SIGNATURE	n	19	, ar	DEGREE		death accurred an the de	ate and ho	, 19, our and from the	causes st	tated
	23o. B	226 PHYSICIAN'S NAME (1VPE	SHAM.	MD.	NAME OF C		in 4	DIRECTOR PHYSIC				
	Bu	rial JNERAL DIRECTOR		8, 1987	Harmo		254 17141	Hyattsvil		P.G.	Md.	
		B. Jenkins Fune:	ral Home				301	- A 13013 MA	June 1	DON 33 KIN	HOH WIL	74

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

110	FOR STATE		DEPARTA		EALTH AND MENTAL	HYGIENE	0 1	0.0	17
10	REGISTRAR			CERTIF	ICATE OF DEATH	8 /	REG. NO.	2 U	600
	CEASED NAME FIRST	٨	AIDDLE	ı	AST	20 DATE C	OF DEATH MONTH	DAY YEAR	26 HOUR
	John			G	AZZOLA	July	7, 1987		1:55 P <sub>M</sub>
3 SE	Х	4. RACE		5. DATE C		6 AGE (IN	YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Male	Caucasi	lan	Oct.	12. 1901		85 YRS		HOURS MIN
I / B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIM	ORE CITY OR COUNT	TY OF DEATH	
N	ew York	U.S.A		WIDOWE	DIVORCED	D Pri	ince George	e's Co.,	MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION		LOCCUPATION ORK FOR MOST OF WORKING	126. KIND O	OF BUSINESS OR
	anham	Doct	ors Hosp	ital			cklayer .	Bui1	ding
USU 13a. :	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	INTY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS	S? 13e.STREET	ADDRESS / ZIP COL	DE	
		nceGeorge	s Mitche	11vi1			Lotts Ford	d Vista	20716
14. F/	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN	INAME	MIDDLE	LAS	1
	Delfino		Gazzo1	**	Pia			Arami	
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU		,	son)	1518 S.	22nd St	
	YES NO OR UNKNOWN) (IF YES, G		058-07-9	794	Robert A.	Gazzola	Arlingto	on. VA 2	2202
	18. CAUSE OF DEATH (Enter of	only one couse po	line ur (a) (b), and	dicit	. / // /	-1-	11	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	ATE CAUSE (o)	welling	na	y pre	ecras	W. LL		
	59-10, 147-147	DUE TO, QU	A CON LOUE	NCE OF			T. E	000	
	Conditions, if ony, which	(d)	um	one	and (	oute	solver t	20 4 te	ufs-
	gove rise to immediate couse (a), stating the	DUE TO OF	AS A CONSEQUE	NEE OF	att	Mak.		1	, U
	underlying couse last	(c)	gova	74	Level	orion	nes	swe	9-
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO E	T	NOT RELATED TO THE T	TERMINAL DISEA	SE OR CONDITION G	IVEN IN PART 10	D.
CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT		ES, WERE FINDIN	
Ę						YES	/	TIFYING CAUSES YES []	NO []
S. S.	210, ACCIDENT WAS UNDERLYING	110110 4 4	FINJURY M. MONTH DA	V VEAD	21c HOW INJURY OCC	CURRED (ENTER N	NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
18	OR CONTRIBUTING CAUSE OF D	CAIN		19					
MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM ETC 1	211. LOCATION		CITY OR TOWN	COUNTY	STATE
2	AT WORK NOT WHILE	1,000	cer, merour, or ree, r	Anm, 676)					
	22a.1 certify that (t) (this has				e 30 19 8	, 10	July /		that (I) (we) lost
	saw the decessed alive a above. (1) (we) (did) (fill)	or sew the body	after death.		nd that in (my) (out) opin	nion deoth occurr	ed on the date and ha	out and from the	couses stoted
	77h SGRATURE	1 0	D	2	DEGREE	100	21	22L DATE	SIGNED
	Mac	000	-11	·L	CEMERICIAN	NO SHOW	Property de	-71	8/87
	214 PHYSICIAN'S NAME THE	Dit satient)			22e ADDRESS		0		
	Monira Rifa	aat M.D			8118 Good:	luck Rd.	, Lanham,	Md. 207	06
23a I	BURIAL, CREMATION, REMOVA	L 23b. DATE			EMETERY OR CREMATO	CIT		COUNTY	STATE
_	Burial	11 July	7 87 G	ate o	f Heaven Ce		Valhal:	la, New	York
	UNERAL DIRECTOR		ADDRESS		25a.	DATE REC'D. BY	REGISTRARI255 REGIS	STRAR'S SIGNAL	LIRE
	Capitol Funera	l Service	e, Falls	Churc	n, VA	14	1301 Guna	Mannes Se. of	

DHMH - 16 60M 7/84 (VRA 15, 4)

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- 1 4 - 1957 B 15 - 14 - 1 - 1 - 1	JU NA SI	liperally set I'm	•	WE CHEED

# 060152 JUL 2 87 STATE REGIST in by the funeral director, page 3 se filed within 72 hours after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1	REGISTRAR			0	REG. N	10.		
	DECEASED NAME FIRST	MIDDLE	i	AST	20. DATE OF DEATH	MONTH DAT	Y YEAR	26 HOUR
	FRA	WK Jan	nes	GEAR		07 13	3 87	9 57AM
3. 5	SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	MALE	WHITE	03		72	YRS	DATS	MIN.
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	DUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
	West Virginia	U.S.A.	WIDOWE		PRINCE GEO	DRGE'S		MD.
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND O	F BUSINESS OR
	CHEVERLY	PRINCE GEOF	RGE'S HOSP	ITALCENTER	Dry Wall H		-	truction
13a		NTY 13c. CITY	ence before admission) OR TOWN Orrestvill		3725 Donne	ZIP CODE 211 Dr.	, #203	20747
ALT.	FATHER'S NAME FIRST	WIDDIE	LAST	15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAS	1
1	Whorley		ear	Della		4.535.	McC	auley
160		VE WAR OR DATEST	TIAL SECURITY NO.	17 INFORMANT	ADDR			
	No	23:	3-22-0845	Mae Ola Gear	(wife) San	ne as 1.		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE			, 01 1.	44.0.10			IMATE INTERVAL ONSET AND DEATH
	IMMEDIA	TE CAUSE (0) 6-45776	oin lesti	nel Bleeding	4-MOSSIUC		SOM	nembr
		DUE TO, OR AS A CO	ONSEQUENCE OF	4 /			700	
	Conditions, if any, which gove rise to immediate	(b) (ir	hosis of	The Liver	Parallel Late			
	couse (a), stating the	DUE TO, OR AS A CO	ONSEQUENCE OF	1, 1,				
		(c) (h/	nic Activ	Hepititis				
z		CONDITIONS CONTRIBUT	TING TO DEATH BUT		INAL DISEASE OR CON	IDITION GIVEN	IN PART 110	0
CERTIFICATION	190 DATE OF OPERATION	y viscose	R WHICH OPERATIO	Artry lises		201 IE VEC 1	WERE FINDIN	ICC LICED
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	THE DATE OF OPERATION	148. CONDITION TO	R WHICH OPERAIAO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYI	NG CAUSES	OF DEATH?
- EE	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO	YES		NO 🗌
				ZICTIOW WYJOKI OCCORR	ED (ENIER NATURE OF INJU	INT IN HEM 18 PAKI	ORPART2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJUR	19	211 LOCATION				
ME		TAT HOME STREET, FACTOR	RY, OFFICE, FARM ETC )	STREET	CITY OR TO	NWC	COUNTY	STATE
	220.1 certify that (I) (this bear	tels estanded the decom-	)	Tun 07	12.5	ita	87	all a state of the state of
	sow the deceased alive or	1/ //	V -	nd that in (my) (our) apinion d	enth occurred on the d	and hour o	and from the	couses stated
1	22b. SIGNATURE	view the analy afterded	in.	DEGREE			22c DATE	
	11/1/1	Salari	+ MI	ATTENDING	MEDICAL STA		10-	1.61002
1	22d. PHYSICIAN'S NAME (TYPE)	OR PRINT)	7	22e ADDRESS	DIRECTOR   PHYSIC	LIAN []	16	13027
	MICHAEL	SCHWARTE	>	7500 Honou	er Pkay +	1/3 6	reento	HMO
230	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION		COUNTL _	STATE
	Burial	16 July 87	Brick (	Church Cemeter	y Hutton	nsville	, W. V	a.
	FUNERAL DIRECTOR		ADDRESS.	1 (11)	RECID. BY REGISTAR	256 REGISTRA	P'S SIGNAT	Kilden
10	enital Funeral	Service, Fal	1s Church.	VA JUI	L T ( MOI	0		7.11

DHMH - 16 60M 7/B4 (VRA 15, 4)

Capitol Funeral Service, Falls Church, VA

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## STATE OF MARYLAND

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H	IYGIENE 2	204
1 DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 76 HOUR
(TYPE OR PRINT)		C:LL.		
Aston 3 SEX	4. RACE	Gibbs S. DATE OF BIRTH	July 12, 1987 6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	Black	October 24, 192	29 57 YRS.	MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BAITIMORE CITY OF COUNT	Y OF DEATH
Jamaica	Jamaica	WIDOWED DIVORCED		MD
III. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS OR
Takoma Park		shire Avenue #1001		Natl Press Clui
JOUAL RESIDENCE (IF NURSING HOME OR 130 STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)		0.001.0
	eorges Takoma F			hire Ave #1001
14 FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	LAST
Mattias	Gibbs			Folwer
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		ADDRESS	
no	578-98-1	1422 Wife/Sylvia	i Gibbs same a	
18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	lly one couse per line Cardio	derespiratory Arre	est	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	TE CAUSE (a)	1	· · · · · · · · · · · · · · · · · · ·	
	DUE TO, OR AS A CONSEQU	Proin Concon	Glioblastoma Multii	forms Grede III
Conditions, if any, which gave rise to immediate	(b) Frimary	Brain Cancer -	GHODIASIONA MUITH	orme, drade III
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF		
PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT PELATED TO THE TE	ERMINAL DISEASE OR CONDITION G	VEN IN PART I:
Syndrome of	Inappropriate A		SAME PISEASE ON COMPINION OF	TELY HAT ONE THO
190. DATE OF OPERATION		H OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YE	S, WERE FINDINGS USED
Syndrome of 190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING				IFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER  21d, INJURY OCCURRED	ALIO .	19		
	21e. PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	The state of the s			
220.1 certify that (I) (this hospi	tol) attended the deceased from.	87 and that in (my) (our) apin	7.10 July 12	19_ <b>&amp;_Z</b> , that (II (we) last
above, (1) (we) (did) (did na	it) view the body after death.	, 515 (115)	an death accurred an the date and ha	
226. SIGNATURE	33 CM	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
22d. PHYSICIAN'S NAME (TYPE O	a M D C	IVID PHYSICIAN	DIRECTOR   PHYSICIAN	7-13-87
		22e ADDRESS	C4 C4    100F	W 1' ' DO
Edwarda M.			um St., Ste #205.	wasnington, DC
23a BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	
Ruhial	Tul116 1087 0	nta . / 11 a	CITY OR TOWN	COUNTY
Burial Partial Partial Puneral Director France Burial Burial Burial Burial	July16,1987 G	ate of Heaven	Silver Spring 1	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ERTIFICATE OF DEATH REG. NO DECEASED NAME DATE KNOWN (TYPE OR PRINT) OF ESTI-Ray DIRECTOR. OIR FILES. TO HOURS DEATH MATED 87 Gibson DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2:10 YEAR LAST BIRTHDAY PRONOUNCED Feb. 9, 1927 DEAD 60 19 87 P. 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA. Charleston, W. Va DIVORCED Prince George's County ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 8114 Fenwick Court Metro Bus Laurel Supervisor ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 30 STATE 136. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Laurel Prince George's 8714 Fenwick Court DURS AFTER DEATH. IF 18. GIVE PAGES 1, 2, 11 3. WITH FORM PM 3. 8 AIT. PAGES 1 AND 2 S. E, DIVISION OF WALL 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Gibson Orlando Ocie Sigmon 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) WWII Isabelle Gibson Yes 233-38-3606 above same as ical examiner along wij a burial - transit permit. P h and mental hygiene, div mation, or removal. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Metastatic carcinoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which carcinoma of oro-pharyngove rise to immediate couse (o) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED AS A E CERTIFICATION None 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ITAL None YES NO X TO MEDICAL EXAMINER: THIS CERTIFICATE, WRITING THE CERTIFICATE, WRITING THE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE AFFEC DEATH, WITH STATE DEPARTMENT OF BALLIWORE, MARYLAND, 21201 PROR TO BUILD BE 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH None P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC ) STREET CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held on Autopsy and in my opinion Notural couses death resulted from-Accident Suicide Homicide Undetermined monner

07/84 BP. **DHMH - 17** (VR A15 ME (5))

ACTUAL

TYPE OF PRINT

230 BURIAL, CREMATION, REMOVAL 23 DATE BURIAL 87

John S. Rogers, M.D.

Md. Vet's Cemetery

TITLE (SPECIFY

ADDRESS

Denuty

Silver Spring, Montgomery County, MD Crownsville Md

SIGNED

7/30/87

Sandy Spring Road Fleck Funeral Home, Inc.Laurel, Md. 20707

136 DAVE REC'D. BY RECISTRAR 256 REGISTRAR'S SIGNATURE

1919 Seminary Road

	×				
67 6:10	7/29	Gibson		Billy	
.1 78	25/7		9, 1927 60	white :eb.	Fale
County	Frince George's			ويوالين	
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7/30/07	19 Seminary and		( ) Va	Sit SAN	
County, AD	lver spring, hondromery	ie	S. Romers, h.	John	

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.			

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ge 3		ES MERELD,	A		GIB	MOZ	J4	LY 25	- 1987	9:00
her d	3. SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST !		FUNDER I YEAR	IF UNDER 24 HR
ecto or so	FE	-MALE	Blac	k	02	08 1889	9	8 YRS.		
Po de	7a. BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
To The		Virginia	U.S.		WIDOWE	D NORCED		nce Ge		Λ.
by the fulled with	1	elphi	(IF NOT IN SUCH I	ACILITY, GIVE STREET A	DDRESS)	ROTHER INSTITUTION Center Health Care	(TYPE OF WORK FOR MOST NONE		INDUSTRY	OF BUSINESS C
2 to 19 to 1	13a S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUNTY D. C. D.	ITY 1	Washing	4	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 5240 5	ZIP CODE	N.W.	20912
ond 2 sh	14 FA	THER'S NAME FIRST UNKNOWN	MIDDLE	LAST		13. MOTHER'S MAIDEN NA FIRST			LAS	
S CO		VAS DECEASED EVER IN U.S. AR/	MED FORCES?	66 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADD	RES\$2600	Virgin	ia Ave
S. Pog	(1)	NO (IF YES, GIVE	E WAR OR DATES)	577-46-89	946	Mr.Henry R.B	erger N.	W. Wash		
ysicio you.		18 CAUSE OF DEATH (Enter on	ly one couse per li	ne for (0), (b), and	1(0)	11 .			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEAT
emo even		PART I. DE ATH WAS CAUSEI IMMEDIAT	E CAUSE (b)	AE	eRhu	Muma				
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plea riol		PART 2 OTHER SIGNIFICANT C	(5)		EATH DIT	NOT RELATED TO THE TERM	INAL DEEDE OR CO	NDITION CIVE	ALIALDADT 1.	
sign to be	2	PART 2 OTTER SIGNIFICANT C	ONDITIONS COL	AIKIBOTING TO D	LAIN BOT	NOT RELATED TO THE TERM	INAL DISEASE ON CO	INDITION GIVE	IA WALAKI II	
nuit. The same	ATE	190 DATE OF OPERATION	196 CONDIT	ON FOR WHICH O	OPERATIO	NI MAR DEDECIDATED	Tan	20b. IF YES.	WERE FINDI	
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T see T	-		- Table 1			N WAS PERFORMED		IN CERTIFY	ING CAUSES	
ote hos nsit periors she is sh	ERTIE	210. ACCIDENT WAS UNDERLYING					YES NO	IN CERTIFY YES	ING CAUSES	NO [
physicion.  Tificate has to illustrate per per per per per per per per per pe	AL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M	INJURY MONTH DA		21c HOW INJURY OCCUR	YES NO	IN CERTIFY YES	ING CAUSES	
roote hos ronsit peri Hygiene p		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M	. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	YES NO	IN CERTIFY YES	ING CAUSES	
cote hos ransit peri	MEDICAL CERTIF	OR CONTRIBUTING CAUSE OF DEA LIFEITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. P.M. 21e PLACE OF	. MONTH DA	19		YES NO	IN CERTIFY YES BURY IN ITEM 18 PAI	ING CAUSES	
cote hos ransit peri		OR CONTRIBUTING CAUSE OF DEAL LIFETHER NOTIFY MEDICAL EXAMINER  214. INJURY OCCURRED  WHILE NOT WHILE AT WORK	TH HOUR A.M P.M 21e PLACE OF	MONTH DA'	19	211 LOCATION STREET	YES NO	IN CERTIFY YES BURY IN ITEM 18 PAI	RT I OR PART 2)	NO
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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTA	HYGIE
4-5-1144	

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	laryland	100	USA		WIDOWE		DIVORCED [		Pri	nce Ge	orge	s		MD
10 C	TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSING	G HOME C	OR OTHER IN	ISTITUTION		UAL OCC	UPATION MOST OF WOR			OF BUSINESS	OR
	verdale		Leland	Memorial	Housewife						KING (IFE)	N/A	A	
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14 FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDEN N	AME		DOLE		1A		
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	Mohamme	ed A.	Mannan				Rhode	Isla	nd Ax	7e. M	t. Ra	inie		20712
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	Burial (	10	July 10	1987 For	t Linc	oln Cer	etery	Br	entwo	od, Mary	rland "	YINUC	STATE	

750. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

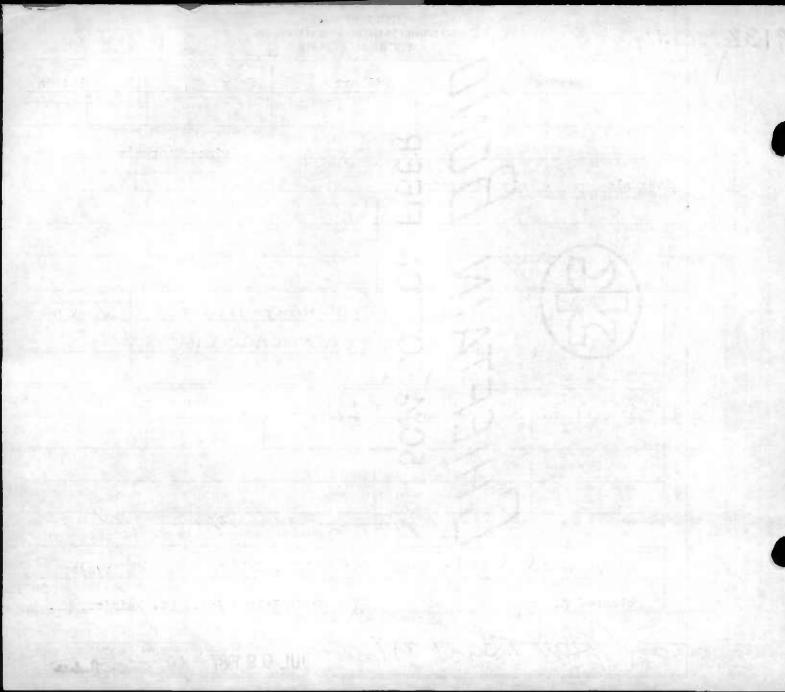
Julia Spridgen Pandales

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR AND STEWART FUNERAL Home-4001 Benning Road, N.E.

BP.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other



**DHMH - 17** (VR A15 ME (5))

W. CHAMBERS CO.

24 FUNERAL DIRECTOR

RIVERDALE, Md. 20737

ARLINGTON. ARL. CO.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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#### STATE OF MARYLAND FOR

DEPARTM	<b>ENT OF</b>	HEALTH	AND	MENTAL	HYGIEN
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		STATE REGISTRAR			CERTIF	ICATE OF DEAT	TH	8	JEG. NO.	2	12	0	9
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	3. SE>	(	4. RACE	/ 5	. DATE C			AGE (IN YEAR	S LAST BIRTH	DAY)	MONINS DATS	IF UNDER	24 HRS
	1	Male	Caucasi	ian	Aug	31°, 19	18	68		YRS	MOITHIS DATS	HOURS	PATIFIE.
1	7a. B11	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	44 A DD 151	NEVER MARK	9	BALTIMORE	CITY OR	COUNTY	OF DEATH		
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1	10. CI	TX OR TOWN OF DEATH	11. NAME OF HOSPI	ITAL, NURSING	HOME C			20 USUAL OCCUPPE OF WORK FO	OR MOST OF	VORKING LI		of BUSINE	SSOR
7 3	130 S Ma	J	NTY 13c. C	esidence before ad City or town Valdori		134. INSIDE CITY L		3e SIREET AD HWY-9	PRESS S	ZIP CODE BO	x-335	/ 2	060]
7	7	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MA			WIDDLE		/ IA	i •	
	1	Perry Wil	mer Gil	lroy		Mary		Paulin	ie		(Unava	alla	ple,
2		VAS DECEASED EVER IN U.S. AR	(E MAR OR DATES)	OCIAL SECURIT		17. INFORMANT			ADDRES				
Las	Y	es WW	-II 2	19-05-8	3884	Gloria	A. (	Gilroy	(W:	lfe)	-same	as	#13
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF									APPROX BETWEEN	MATE INTER	PAS
	NO	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A			NOT RELATED TO	THE TERMIN	IAL DISEASE C	DR CONDI	TION GIV	ZEN IN PART 1	0	
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OF	PERATIO	N WAS PERFORME	D	200 AUTOPS	Y?	206 IF YES	S, WERE FINDE	OF DEAT	H?
	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJ	URY		21c. HOW INJURY	OCCURRE					NO L	
1		OR CONTRIBUTING CAUSE OF DE		MONTH DAY	YEAR	100000							
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+		The Hornary	1/6/2	40		PHYS	IDING X	MEDICAL DIRECTOR	STAFF	W 🗌	22c DATE	SIGNED 8	7
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		SURIAL, CREMATION, REMOVAL	The state of the s			EMETERY OR CREM		23d LOCATH	TOWN		COUNTY	5	TAIE
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	24 FL	UNERAL DIRECTOR	P.	OneBox	156			REC'D. BY REG	OT 25		RAR'S SIGNA	URE	

DHMH - 16 60M 7/84

10 FUNERAL DIRECTOR After this centificate has been signed should be affected for use as the build framus person. Then pain the State Dept. of Health and Memol Hygene prior to burn the the State Dept. of Health and Memol Hygene prior to burn.

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ATTENDING PHYSICIAN, The

TO HOSPITAL OR

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physician and campletely filled in by the funeral director. page 3 -/ popers. Pages 1 and 2 should be filed within 72 hours after death mayor.

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Huntt Funeral Home (VRA 15, 4)

Waldorf, Md 20601

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DUNN & SONS FUNCEAL SERVICE WASH BC 2003

25M BP DHMH - 17 1999 G DHMH - 17 (VR A15 ME (5))

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marant A Tom I A	14. F.	ATHER'S NAME	WIDDLE	1457			MAIDEN NA	ME MIGDLE			
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3 3 10 2 3		WAS DECEASED EVER IN U.	S. ARMED FORCES?	16h SOCIAL SECT		17 INFORMA		ADI	DRESS 5418	5/1th A	VO #2
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Of Short	220	BURIAL CREMATION, REMO			NAME OF S			Avenue, Co	reage C	ity, N	Id. 2072
		SURTAL, CREMATION, REMO	VAL ZJO. DATE	23(.	NAME OF C	EMETERY OR C	REMATORY	CITY OF TOWN		COUNTY	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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Burial

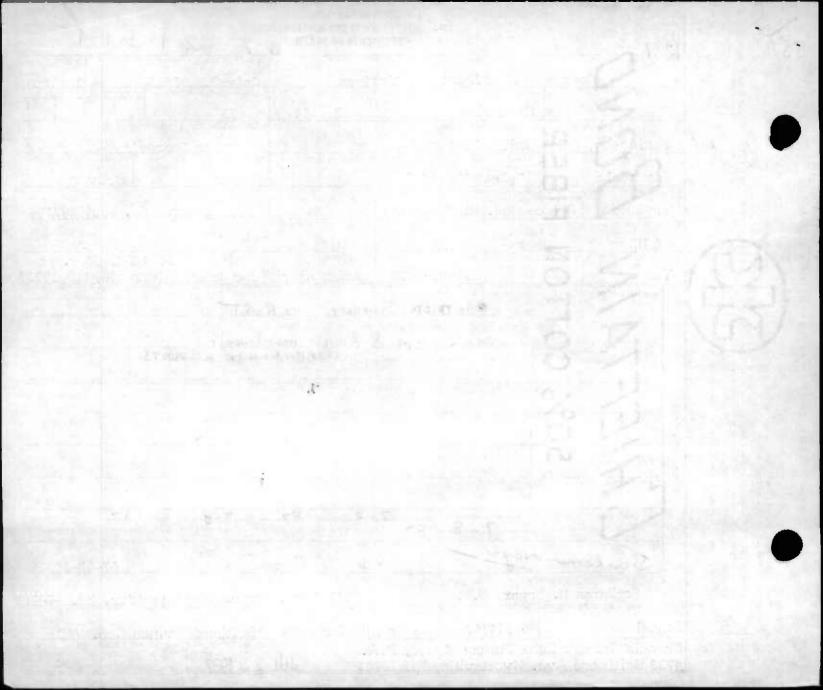
Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, MD 20781

07/11/87

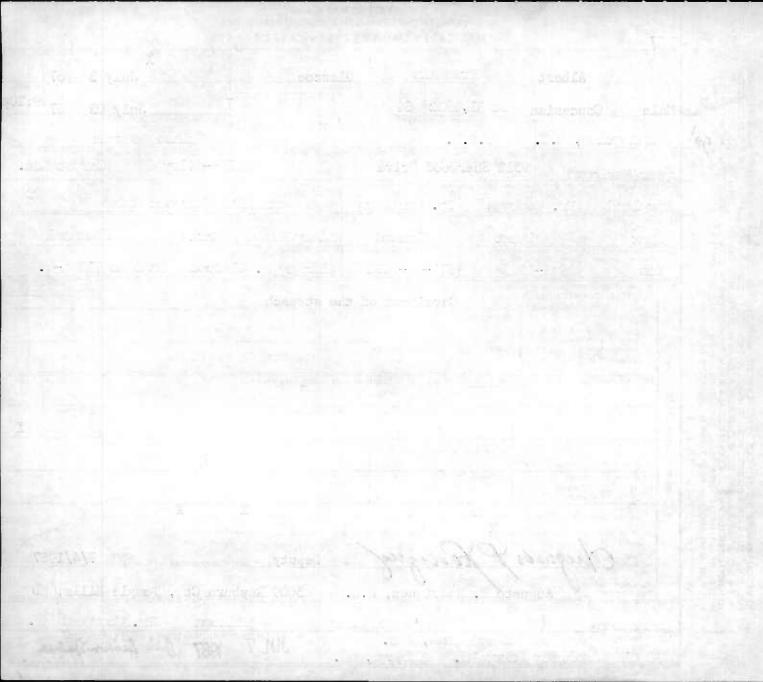
Cedar Hill Cemetery tery Suitland Prince Geo. MD Suitland

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20722



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN X DECEASED NAME (TYPE OR PRINT) EST1-Franklin DEATH MATED Albert 6 AGE (IN YEARS 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 9:20p Dec 31,1922 64 DEAD Male Caucasian YRS July 03 19 87 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Washingtion, D.C. U.S.A. WIDOWED DIVORCED Prince Georges II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 9512 Sherwood Drive Self-employed Joper Marlboro USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3g. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NOXIX 9512 Sherwood Drive Maryland Pr. Georges Up. Marlboro YES [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Libby Glascoe Kussmaul Marie Albert Henry 160 WAS DECEASED EVER IN U.S. ARMED FORCES 7. INFORMANT LIFYES GIVE WAR OR DATES! Same as #13 a-e. 1943-1963 Shirley M. Glascoe 577-24-9032 Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) REPORT OF THE WORD "PENDING" IN PENCIL IN ITEM IS REPORT OF THE CHIEF MEDICAL EXAMINER ALONGOUT OF BUSED AS A BURIAL-TRANSIT PERMIT IN DEPARTMENT OF HEALTH AND MENTAL HYGIEVED PRIOR TO BURIAL, CREMATION, OR REMOVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Carcinoma of the stomach IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK 22a 1 certify that I taak charge of the remains described above, held an DIRECTOR: Autopsy and in my apinian Natural causes X death resulted fram: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) GE 4 SHOU FUNERAL TER DEATH. DATE 7/4/1987 Deputy MEDICAL EXAMINER EXAMINER'S NAME Temple Hills. MD P. Rodriguez. M.D. ADDRESS 5009 Rauburn Ct (TYPE OR PRINT) 2 Lee's Crematory Clinton Pr. Georges Cremation 07/84 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE Lee Funeral Home, Inc. **DHMH** - 17 6633 Old Alexander Ferry Rd. Clinton, Md. (VR A15 ME (5)



### STATE OF MARYLAND

PEPARTME	NT O	F HEAL	TH /	AND	MENTA	LHYGIE
- (	CERT	IFIC A	ATE	OF	DEATH	. 8

	1-	FOR STATE		DEPARTM		EALTH AND MENTAL HYG	SIENE	0 1	9 1	-		
-	-	REGISTRAR				ICATE OF DEATH	0/	REG. NO	la 1	0		
н		CEASED NAME FIR		IDDLE		AST	20. DATE OF DI		DAY YEAR	2b HOUR		
П		ART	THUR JAMES	GI	LINKE		JULY	8 198	7	10:04A <sub>M</sub>		
	3. SEX	(	4. RACE		5. DATE C		6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
		MALE	CAUCA		Apr		74	YRS		HOURS MIN.		
	7a. BIF	RTHPLACE (STATE OR FOREIC	76 CITIZEN OF V	VHAT COUNTRY?	MARRIE	D NEVER MARRIED		CITY OR COUNT				
		Illinois	U.S.A.		WIDOWE	DIVORCED	Princ	e George	S	MD.		
2		TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	Pr. Geo. Co.	12a. USUAL OC	OR MOST OF WORKING	12b. KIND C LIFE) INDUSTRY	OF BUSINESS OR		
2		ınham				Pr. Geo. Co.	Machin	est .	U.S. G	overment		
-	13a. S	AL RESIDENCE (IF NURSING H		TIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADI	DRESS / ZIP COL	DE			
)	Man	ryland Pr	ince George's	Brentwoo	bc	YESXX NO [	3703 Q	uincy St	reet 2	0722		
7	14. FA	THER'S NAME	WIDOLE	LAST		15. MOTHER'S MAIDEN NA		MIDDLE	LA	c r		
1		Gustav	Α.	Glinke	e	Augusta	I	ouise	K1.	an		
/		VAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES!	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	60	39 Cipri	ano Roa	d		
		No 577 18 1710 Marsha G. Benya Lanham, Mar								20706		
		18 CAUSE OF DEATH (E	BETWEEN	DRISET AND DEATH								
Ш		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) VEntricular Toule										
			DUE TO, OR	AS A CONSEQUE	NCE OF	0						
Ш		Canditians, if any, wh		Pul	mo	nang in	bolis	m				
		gave rise to immedia cause (a), stating	the DUE TO OR	AS A CONSEQUE	NCE OF	( 01						
4		underlying couse lost. Malegaare Hull Effect										
1	z	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE	R CONDITION G	IVEN IN PART 1	a		
	5	Cancia.	1 Lung	2 Chi	my		reva	3 M	rear			
7	CERTIFICATION	190 DATE OF OPERATION	196 COMDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	20b IF Y	ES, WERE FIND I	NGS USED OF DEATH2		
	RTI								YES 🗌	NO X		
gr.		210. ACCIDENT WAS UNDERLY	LI LIGHT A A	INJURY A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM 18	PART   OR PART 2)			
	N S	(IF EITHER, NOTIFY MEDICAL EX		۸.	19							
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE C	OF INJURY	ARM ETC )	211 LOCATION STREET	C	ITY OR TOWN	COUNTY	STATE		
	~	AT WORK NOT WHILE			1							
1		220 I certify that (1) This		90	6/4	, 19.77	, to	18	1987	that (I) (we) last		
7		saw the deceased of above, (1) (we) (did)	did now hew the body of	ofter death.	, 01	nd that is (my) (aur) apinian	death accurred o	in the date and he	our and fram the	causes stated		
		226. SIGNATURE	1)	10-10-110-	779	DEGREE				SIGNED		
14		Kohn	Rude			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [	7/9/	8/		
1		214. PHYSICIAN'S NAME				22e ADDRESS	River	dale, Ma	ryland 2	20737		
		ROBERT 🗶 R	UDERMAN, M.	.D.		6510 Kenilwo	orth Ave	. #2100		.,,,,		
	23e B	BURIAL, CREMATION, REM	OVAL 23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATIO		COUNTY	STATE		
		Buriah	July 1	1.1987 He	nderso	n United Meth.Ch	mrh Hvac	inth Nort	huberlan	d Virginia		
	24 FL	INERAL DIELECTOR	- U.Gol-	AGDRESS	P. O.	Box 276 250. DAT	E REC'D. BY REG	SISTRAR 256. REGIS	STRAR'S SIGNA	TURE		
	T.	and Alex Error	out I Ilome II	ootharril	10 170	22/.72			war hou	مالهاي		

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR ASED NAME 20 DATE KNOWN X ESTI-DEATH MATED 7 - 16John Donald Goff 4 RACE 6 AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY) PRONOUNCED 3:42A 9 1968 white Feb male DEAD 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED [ Prince George's County IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Cheverly Prince George's General Hospital Carpenter Construction SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Lothian YES □ No [x] 5840 Crandell Rd./20711 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Audrey Harry Goff James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213 06 9842 n/a Harry Goff (same as above) no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head and neck injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MOR collision CONTRIBUTING CAUSE OF DEATH 12:50 PM 7-15 1987 Driver of motorcycle in motorcycle/auto 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. WHILE AT WORK AT WORK Landover Road & Central ave. Largo, Prince George's County, MD Autopsy X Inspection

EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIEF OF UNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH WITH THE STATE DEPARTMENT OF BALLTIMORE, MARYLAND, 21201 PRIGR TO BUSING

22a. I certify the death resulted

that charge of the remains described above, held an

Charles P. Kokes, M.D.

111 Penn Street, Balto., MD 21201

Hamicide . Undetermined manner TITLE (SPECIFY)

M.D. Assistant MEDICAL EXAMINER

DATE 7-17-87

EXAMINER'S NAME (TYPE OR PRINT) (SPECIFY) Burial

ACTUAL

SIGNATURE

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 7-18-87 23c. NAME OF CEMETERY OR CREMATORY So. Mem. Gardens

Suicide

23d LOCATION Dunkirk

Calvert

07/84

DHMH - 17 (VR A15 ME (5)) 24. FUNERAL DIRECTOR RAUSCH FH Owings, MD 20736 250. DATE REC'D BY REGISTRAR 256 RECUST DE 3 CHEMAT

TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the busial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shaws any injury, or other traumatic event, the

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STATE OF MARYLAND

DEPARTMEN

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	E	RTI	FICATE	OF DEATH	14

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	Sec.	1	6. 100		
FG.	NO.				

JUL 20 1987 Julia Deviden Randelle

	FOR STATE REGISTRAR				CATE OF DEAT		BIENE REG. NO.	
Ì	1. DECEASED NAME	EIRST	MIDDLE	L/	12		20. DATE OF DEATH MONTH DAY YEAR 26 HOUR	
١	(TITE OR PRINT)	LUCILA	C.	G	ONZALEZ		07 14 87 1 45PN	1 <sub>M</sub>
Ì	3. SEX	4. RACE	5	DATE O	F BIRTH		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HI	_
ı	FEMALE	Cubian		MONTH 01		13	84 YRS. MONTHS DATS HOURS MI	2.
ì	TO BIRTHPLACE (STATE OR F	OREIGN 76. CITIZEN OF	WHAT COUNTRY? 8		□ NEVER MARR		9 BALTIMORE CITY OR COUNTY OF DEATH	
ı	Cuba	Perm.	Resident				PRINCE GEORGE'S	MD.
i	10 CITY OR TOWN OF DEA	TH 11. NAME OF	HOSPITAL, NURSING	HOME O		ION	126 USUAL OCCUPATION 126. KIND OF BUSINESS (	
۱	CHEVERLY		CHEACILITY, GIVE STREET ADD		ITAL CENT	TER	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
t	USUAL RESIDENCE (IF NURSI		GIVE RESIDENCE BEFORE AD				2.0	-
	Md.	Mont.	S.S.	OU	YES NO		13e.STREET ADDRESS / ZIP CODE 8506 Tahona Drive	-
t	14. FATHER'S NAME				15. MOTHER'S MAI	_	AME	
1	Juan	WIDDLE	Gonzalez		COD	серс	MIDDLE LAST	
t	160 WAS DECEASED EVER		166 SOCIAL SECURIT	Y NO.	17. INFORMANT	Same	ne as 13 <sup>EDRESS</sup>	
ı	N/A	(IF YES, GIVE WAR OR DATES)	583 428	619	Carmen		sans(Granddaughter)	
ŧ		1 (Enter only one cause pe		3.1 a	our men	1101	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	TH
۱	PART I. DEATH W.	AS CAUSED BY: IMMEDIATE CAUSE (a)	Recurr	-	Vroses	ksi	is and	
ı			R AS A CONSEQUENC					
	Canditians, if any,		Takes Post	Du	bacrte 6	acte	enal endocarditis	
١	gave rise to imm cause (a), stating	ediate	R AS A CONSEQUENC	CE OSI	,	0.	1 1-	
ı	underlying cause		osterm	John	tis mig	ht	fool	
١		IFICANT CONDITIONS C	ONTRIBUTING TO DE	TH BUT	NOT RELATED TO	HE TERMI	MINAL DISEASE OR CONDITION GIVEN IN PART 1 a	
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J	RIL			9.4			YES NO YES NO	
ì	0.0 0.00 170 101 170 100		OF INJURY .M. MONTH DAY	YEAR	21c HOW INJURY	OCCURR	RED (ENTER NATURE OF INJURY IN ITEM IB PART : OR PART 2)	
ı	GIF EITHER NOTIFY MEDIC	ALEXAMINER) P	.M.	19				
ı	(IF EITHER NOTIFY MEDIC  21d. INJURY OCCURR	(AT MOME ST	OF INJURY REET, EACTORY, DEFICE FARM	A, ETC )	211 LOCATION		CITY OR TOWN COUNTY STATE	
ı	AT WORK NOT WH	K L		7	25		4	
ı		(this haspital) attended i		me		31	, to 19 b , that (1) (may)	
ı		id) (did nat) view the bad	after death.	7		apinian d	death occurred a line date and have and from the causes stated	
ı	226 SIGNATURE	Mkahim			EGREE ATTEN	IDING .	MEDICAL STAFF 220 DATE SIGNED	7
1	004 841925	1 INCOURT		P	PHYSI	ICIAN (	DIRECTOR PHYSICIAN 1-14-8	1
	MOBI	ARAK K	ARIM		7610 Ca	rroll	U Ave, Takoma Park, MD	
1	230 BURIAL, CREMATION,	REMOVAL 236. DATE	23c. NA/	ME OF CE	METERY OR CREM		23d LOCATION	-
	Buria1	7/16			of Heave		SCITY OR TOWN MONT MA STATE	

Md.

24 FHIRLES Rinaldi 11800 New Hamp. Ave. S.S.

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BP.

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#### STATE OF MARYLAND

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REG NO.		-

D. GOOCH  EX A RACE  Spate of BRITH  Spate of	1 - STATE			DEP		HEALTH AND MENTAL HY	GIENE REG NO.	2 1 6
D. GOOCH  SPER CRACE  SDATE OF BETTH  SOCIAL STATE OF SETTIN  MARRIED   SEVERMARRIED   PRINCE COUNTY OF SEATH  WOOWED D MORCED   SUSTAIN COUNTY OF SEATH  WOOWED D MORCED   PRINCE COUNTY OF SEATH  WOOWED D MORCED   SUSTAIN COUNTY OF SEATH  WOOWED D MORCED   SUSTAIN COUNTY OF SEATH  IN SUBJECT OF SEATH  IN SUBJECT OF SEATH  STATE OF SEATH  IN SUBJECT OF SEATH  STATE OF SEATH  STATE OF SEATH  IN SUBJECT OF SEATH  STATE OF S	DECEASED NAME	FRST		мерос		(AV)	TO DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Formale  Cautorbian  Do 7 1899  RATIMORE CITY OF COUNTY OF DEATH  DO 7 1899  RATIMORE CITY OF COUNTY OF DEATH  MARRIED D 1997		livis		D.	Ge	ooch	/	8 87 9:30A W
BESTIFFACE (15/415 EXPENSION DE COLORES SENT DE CONTROL	3. SEX	7.5	4 RACE	1961			& AGE (## FEARS LAST BHILDER)	
BRITHPLACE (SUBTERFORMON DECOMPTION OF COUNTY	Female		Canes	natan	The second second		87	WS. SATS FOURT MIRE
MASS.  U.S.A. WOOWED DONOR DO THE SERVICE STATE OF THE BY THE TH	Ta BIRTHPLACE CSTAIR	DEFORMAN		WHAT COUNTRY? 1		BALTIMORE CITY OR COUNTY OF DEATH		
CITY OR TOWN OF DEATH    1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   THE USUAL OCCUPATION   THE NEW OF PUISINESSO   THE OTHER STITUTION   THE STREET ADDRESS / ZIP CODE   THE NURS   THE OTHER STITUTION   THE STREET ADDRESS / ZIP CODE   THE STR	1.575520000		U.S	10.0457372				
Tanham 9230 Fowler Le. Lenham, Md. Home maker    Condition   Pr. Geo.   It. CHOCK TOWN   IT		EATH		F HOSPITAL NURSING HOME O		OR OTHER INSTITUTION	12s. USUAL OCCUPATION	178 KIND OF BUSINESS OR
NAME RESIDENCE (IF INSURANCE COUNTY IDE CITY OF TOWN 12 STATE 13 STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECITY INMITS 13 STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECITY INMITS 15 STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECITY INMITS 15 STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECITY INMITS 15 STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECITY INMITS 15 STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECITY INMITS 15 STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECITY INMITS 15 STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECITY INMITS 15 STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECITY INMITS 15 STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECITY INMITS 15 STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CODE 9230 FOWLET LR. 20706  RECORD TO STREET ADDRESS / ZIP CO			THE CHARLES AND THE STATE OF TH			NG UTI PADOSTRY		
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Edward  WAS DECEASED EVER IN U.S. ARMED FORCES?  IN SOCIAL SECURITY NO.  IF YES, GIPT WAS CAUSED BY THE SOCIAL SECURITY NO.  Sam Steelman, Jr. Hyattsville, Md.  II. CAUSE OF DEATH Enter only one course preprint for 10.7(h), and 10.  FARTI. DEATH WAS CAUSED BY THE TOTAL OF THE TERMINAL DISEASE OR CONDITION GIVEN AND THE ACCURAGE (II).  DUE TO, OR A ACANSEQUENCE OF CONDITION FOR WHICH OPERATION WAS PERFORMED.  PART 2. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN AND PART IN:  THE DATE OF OPERATION.  IP DATE OF OPERATION.  IP CONDITION FOR WHICH OPERATION WAS PERFORMED.  IP HINDS NOT WAS UNDERSYMBOL.  IF HINDS NO	IL FATHER'S NAME			and the latest death of the latest death death of the latest death of the latest death of the latest death death death of the latest death d	7318			
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18. CAUSE OF DEATH Screen only one course positive for rich and its	Ide WAS DECEASED EV			-	-	The second secon	5309門約1	
19. CAUSE OF DEATH : Enter only one sound purpline for rough, and its part in Death was caused by members and sound purpline for rough). And its part in Death was caused by members and sound in the country of the cou	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	19 165, G	ME MAR ON DATEST	578-10	-4793	Sam Steelmar		
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OPENIOR ROSE OF PAIN   190   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   1	TIFF							
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27s. I certify that it is hospital attended the deseated from the country of the	×	and the second	-		19	THE LOCATION		
22s I certify that (I) his hospital) attendant the described from the capta symbol of the (I) we) for the following the capta symbol of the capta	The state of the s					- COMMIT STATE		
William Rosson 5701 85th Ave. New Carrollton. Md.  Burnal Chemation, Hemoval 120 Date Crematory 121 LOCATION City of town County Va.  Oremation 7-9-1987 Metropolitan Crematory Alexandria Va.	22s I certify that saw the best above (I) we	eased alve o	0 7	1-1 1	ESVI I	DECATOR ATTENDING	MEDICAL STAFF	12. DATE 100 EST
Cremation 7-9-1987 Metropolitan Crematory Alexandria Va.	224 PHYSICIAN'S	NAME INT	CH PRINT)	1	July	2000 MESS	(BL DIRECTOR E) LULDICIMIE	11/1/
Burial Chemation, Hemoval 735 Date 136 Name of Cemetery or Chematory 134 LOCATION (HYDRICHM) COUNTY THE COUNTY OF CHEMATORY THE LOCATION (HYDRICHM) COUNTY Va.	Willi	am Ros	son			5701 85th A	ve. New Carrol	lton. Md.
Cremation 7-9-1987 Metropolitan Crematory Alexandria Va.	75x BURIAL CREMATIO	N. WEMOVA			ZZ NAME OF	CEMETERY OR CREMATORY	734 LOCATION	COUNTY STATE
FUNERAL DIRECTOR 16000 Annapolis Rd. 134 Date RECD BY REGISTRAN SEGISTRAN SE	Cremati	on	7-9-	1987	Metrop	olitan Cremat	oryAlexandria	The second secon
	N FUNERAL DIRECTOR		1.6	ADDH	H-7-2	Rd. Be DA	TE REC'D. BY REGISTRAR 251 RE	GISTRAITS SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT If Nem 21 is marketly 10 FUNERAL DIRECTOR, AM Mould be deteched for use or with the State Dept of Health

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

a 1 6	1/					
REG. NO.						
DATE OF DEATH MONTH	DAY YEAR 26. HOUR					
ıly 12, 1987	1:10A-M					
GE (IN YEARS LAST BIRTHDAY)  55 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS					
ALTIMORE CITY OR COUNTY OF DEATH						
ince Georges Co	ounty MD.					
USUAL OCCUPATION E OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY					
memaker .	Home					
otreet Address / ZIP CODE 03 6th Street	et #14 20707					
MIDDLE	Martin					
83300 4th S	street					
Laurel, Mo	d. 20707					
٤	APPROXIMATE INTERVAL EN ONSET AND DEATH					
	luk					
Lung Cours	e lucar					
DISEASE OF ONDITION GIVE	EN IN PARTITO					
	, WERE FINDINGS USED YING CAUSES OF DEATH?					
ES NO YES						
ENTER NATURE OF INJURY IN 11EM 18 P	ART I OR PART 2)					
CITY OR TOWN	COUNTY STATE					
. 12 Jul	1962, the (1) we) lost					
occurred an the date and hour						
	22c DATE GINED					
DICAL STAFF ECTOR PHYSICIAN	1/12/87					
1) Cropy bo	FILX ZAGON					

STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST MIDDLE LAST 20. (TYPE OR PRINT) Lucy M. Gorman Jι 4. RACE 3. SEX 5. DATE OF BIRTH 6 AC 07<sup>DAY</sup> 1932 Caucasian Female TO BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York USA. DIVORCED XXPri WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Greater Laurel Beltsville Hospital Ho Laurel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Md. P.G. Laurel 13d, INSIDE CITY LIMITS? A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST unkown Mary 60. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT LYES, NO OR UNKNOWN) 114-24-5910 Laura Drabik no 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE this haspital) attended the and that in (my) our) apinion death DEGREE ATTENDING 22e ADDRESS V. GICCOUDEU 230 BURIAL, CREMATION, REMOVAL 23b. DATE Laurel Md. P.G. Balto.Wash.Cremat Cremation 7/13/87 7601 Sandy Spring Road 25b. REGISTRAR'S SIGNATURE

Laurel, Md. 207

DHMH - 16 60M 7/84 (VRA 15, 4)

Fleck Funeral Home. Inc.

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with the State Dept

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STATE O	F MARYL	AN

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	1-	STATE REGISTRAR			DEFA		CATE OF DEATH	REG. NO	lan	, ,	
O JUL	27	MED NAME MA	FIRST		E, SC.	G	race		7-12	-87 7-	30 P M
o James of Control	3 SEX			4 RACE	/	5. DATE O	F BIRTH DAY YEAR P 12	6 AGE (IN YEARS LAST BIRT	YRS.	HS DAYS HOURS	R 24 HRS MIN.
197	1	OUNTRY)	a	U.	WHAT COUNTI	WIDOWE		Prince Ge	orge's		MD.
Configuration of the configura	-	orestville	1		HOSPITAL, NUF CHFACILITY, GIVE ST Ch C 4		SINC HONE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF FARMER	WORKING LIFE) 1	rb. KIND OF BUSIN NDUSTRY Agriculti	
must be		AL RESIDENCE (IF NURS TATE D	13b. COUN		Owings	OWN	130 INSIDE CITY LIMITS?	13e STREET ADDRESS / 3941 Lower	zip code Marlbo	ro Rd/201	736
Cong Car		THER'S NAME James	٨	MIDDLE	Grace	9	Christine	MIDDLE		terling	
medical	- 1	VAS DECEASED EVER	(IF YES, GIVE	MED FORCES? E WAR OR DATES)	16b. SOCIALS	24098	Mark Ellis	ADDRE	730 Plu Huntin	gtown, M	
morel.		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	ly one couse pe D BY. E CAUSE (a)	r line for (a), (b)	, and ici.i				APPROXIMATE INTE BETWEEN ONSET AN	RVAL D DEATH
njury, as other traum	NO	Canditians, if any, gave rise to imm cause (a), statin underlying cause  PART 2 OTHER SIGN	nediote g the last.	CONDITIONS C	OR AS A CONSE		NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	DITION GIVEN I	N PART 1ra	
Post of the bridge	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	OITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	RE FINDINGS USE G CAUSES OF DEA NO [	ATH?
218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 218. AND LYDING COCCURRED		AUSE OF DEA	TH HOUR A	.M. MONTH .M. OF INJURY	19	21r. HOW INJURY OCCUR 21r. LOCATION STREET	RED (ENTER NATURE OF INJUR			STATE	
th marked	W	WHILE NOT WE AT WO  22a.1 certify that (i)	(His hospil	ral) attended t		im4_	2 5 19 57		. 19	£7, that (1)	<del>(we)</del> -last
Nom 2		saw the decease above, (1) (we) to 22b. SIGNATURE	Hid) (did nat	t) view the body	y after death.		DEGREE			22c. DATE SIGNED	
OSTANT		22d. PHYSICIAN'S NA	AME (TYPE O	Kent RPRINT)	Ours	- m	ATTENDING PHYSICIAN 2226. ADDRESS	DIRECTOR PHYSIC		7/32	7
MPORT,		SURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATORY  [arlboro UMC	23d. LOCATION CITY OR TOWN	CAlve		.51ATE
	24 F	Burial Burial		7-16-	-07	TOWEL I		Owings TE RECTO. BY REGISTRAR			1

DHMH - 16 60M 7/84 (VRA 15, 4)

RAUSCH FH OWINGS, MDESS 20736

JUL 24 1987 ou Dender Kindees

DHMH - 16 60M 7/84

(VRA 15, 4)

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

28	87	CEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		F-AH.	NIE	<i>M</i> ae	6	IRAY		7	23 8	7 4.55
	3. SE			RACE	5. DATE	OF BIRTH!	6. AGE (IN YEARS LAST BIR	RTHDAY	IF UNDER TYEA	
	90	Female	c	aucasian	097	13/05° YEAR	81	YRS.	MONTHS DAY	S HOURS A
20		RTHPLACE (STATE OR	FOREIGN 75	CITIZEN OF WHAT COUNT	RY? B.		9 BALTIMORE CITY		TY OF DEATH	
55		kton, W Va	1.	U.S.A.	WIDOWE	D NEVER MARRIED DIVORCED	PRINCE	CIPT	orges	CHINIT
oprined a	10. C	LIHTON	ATH 11	NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	RSING HOME		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemake)	ION OF WORKING	12b. KIND	OF BUSINESS
Tust be	USU. 13a. S			HER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)	134. INSIDE CITY LIMITS?	13 STREET ADDRESS			
5		THER'S NAME	1.0.	Dianay	W.III.E	YES NOTHER'S MAIDEN NA	1	rcer	NG 2001	
()		FIRST	MID	DLE LAST		FIRST	WIDDLE		ı	AST
medicol		VAS DECEASED EVER				17 INFORMANT	ADDRI			
E		NO OR UNKNOWN)	"N/A"	579-24-	-0265	Fred Gray I	2.0. Box 145	5 Bra	ndywine	e Md 20
B 2					QUENCE OF	(m 111.	A.			
rijury, or other produ	NO	Conditions, if any, gave rise to immacause (a), stotin underlying cause	nediate ng the last.	DUE TO, OR AS A CONSECUTION CONTRIBUTING TO THE CONTRIBUTION CONTRIBUT	QUENCE OF	En Physical NOT RELATED TO THE TERM		IDITION G	IVEN IN PART	110
Own only injury, or other ridge	TIFICATION	gave rise to imr cause (a), statin underlying cause	nediate ag the last.	(c)	QUENCE OF  TO DEATH BUT  The	NOT RELATED TO THE TERM		20b. IF Y	ES, WERE FING	INGS USED
is them 15 shows only injury, or other troom	DICAL CERTIFICATION	gave rise to immediate to immediate to immediate the game of the state	TION  DERLYING CAUSE OF DEATH  CAL EXAMINER)	19b. CONDITION FOR WHI  21b. TIME OF INJURY HOUR A.M. MONTH P.M.	QUENCE OF  TO DEATH BUT  The  ICH OPERATIO	NOT RELATED TO THE TERM IN WAS PERFORMED  21c. HOW INJURY OCCUR!	100 AUTOPSY?  YES NO	20b. IF Y	ES, WERE FIND TIFYING CAUSI YES	PINGS USED ES OF DEATH? NO
stred or fem. 15 shows only injury, or other from	MEDICAL CERTIFICATION	gave rise to immediate to immediate to storing underlying cause  PART 2. OTHER SIGN  19a. DATE OF OPERA  21a. ACCIDENT WAS UNIT OR CONTRIBUTING	mediate ing the lost.  NIFICANT CON  THON  DERLYING  CAUSE OF DEATH CAL EXAMINER)  RED	ODITIONS CONTRIBUTING TO THE TOP THE TOP TO	TO DEATH BUT THE ICH OPERATIO  DAY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	100 AUTOPSY?  YES NO	20b. IF YIN CERT	ES, WERE FIND TIFYING CAUSI YES	PINGS USED ES OF DEATH? NO
m 21 is individed or them 18 shows any injury, or affice redsh		gave rise to imicause couse (1), stofir underlying cause  PART 2. OTHER SIGN  19a. DATE OF OPERA  21a. ACCIDENT WAS UNIOR CONTRIBUTING (IF ETITHER. NOTIFY MEDI  21d. INJURY OCCURIENT WAS UNION OF COURTED THE CONTRIBUTION OF COURTED THE COURTED TH	TION  CAUSE OF DEATH CAL EXAMINER)  RED  (this hospital)  ed olive on	19b. CONDITION FOR WHI  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF)  attended the deceosed fra	DAY YEAR  19  CE. FARM. EIC.)	NOT RELATED TO THE TERM IN WAS PERFORMED  216. HOW INJURY OCCUR!  216 LOCATION STREET  19 77  nd that in (my) (our) opinion in	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b. IF Y IN CERT IRY IN 11EM 18	ES, WERE FIND DIFYING CAUSI VES  COUNTY COUNTY TO THE TOTAL THE TIME TO THE TIME THE	SINGS USED ES OF DEATH?  NO STATE  That (h (we) be couses stated
it if them 21 is marked or them 18 shows any injury, or other hadin		gave rise to imma cause (a), stoling underlying cause  PART 2. OTHER SIGN  19a. DATE OF OPERA  21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF ETHER. NOTIFY MEDIT WHILE NOTIFY MEDIT WHILE NOTIFY MEDIT 27a. I certify that (1) sow the decess	mediate ing the graph of the gr	19b. CONDITION FOR WHI  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF)  attended the deceosed fra	DAY YEAR  19  CE. FARM. EIC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR!  21f. LOCATION  STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b. IF YIN CERT IN CERT IN CERT IN THE MILE MILE MILE MILE MILE MILE MILE MIL	ES, WERE FIND DIFYING CAUSI VES  COUNTY COUNTY TO THE TOTAL THE TIME TO THE TIME THE	DINGS USED ES OF DEATH? NO STATE
IMPORTANT: If them 21 is marked or them 18 shows only injury, or other profit	MEDICAL	gave rise to imicause (a), stofir underlying cause (b), stofir underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIFY MED) 21d. INJURY OCCURING WHILE NOT WAT WORK NOTIFY MED) 32a. I certify that (l) saw the decease above, (l) (we) (c) 22b. SIGNATURE 22d. PHYSICIAN'S NA	mediate ing the graph of the graph of the state of the st	19b. CONDITION FOR WH.  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF) iew the body little death.	DAY YEAR  19  ICE, FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR!  21f. LOCATION STREET  19 77  nd that in (my) (our) opinion of the company of the company opinion	20g AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death occurred on the di  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YIN CERT IN CERT IN CERT IN THE MILE MILE MILE MILE MILE MILE MILE MIL	ES, WERE FIND DIFYING CAUSI VES  COUNTY COUNTY TO THE TOTAL THE TIME TO THE TIME THE	SINGS USED ES OF DEATH?  NO STATE  That (h (we) be couses stated
MATCHE AND I Bern 21 is marked or frem 15 shows only injury, or other room	WEDICAL MEDICAL	gave rise to imma cause (a), stoling underlying cause  PART 2. OTHER SIGN  19a. DATE OF OPERA  21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI  21d. INJURY OCCUR! WHILE NOT WHAT WORK NOT WHAT WORK AT WO  22a. I certify that (1) saw the decease above, (j) (we) (c)  22b. SIGNATURE	mediate ing the graph of the last.  NIFICANT CON  THON  DERLYING CAUSE OF DEATH CALEXAMINER)  RED  IIIE (TYPE OR PR  REMOVAL R	19b. CONDITION FOR WH.  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF) iew the body little death.	DAY YEAR  19  ICE FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR!  21f. LOCATION STREET  19 72  nd that in (my) (our) opinion of the control of the control opinion opi	20g AUTOPSY?  YES NO CITY OF TO  CITY OF TO  MEDICAL STA	28b. IF YIN CERT IN CERT IN TEM 18	ES, WERE FIND DIFYING CAUSI VES  COUNTY COUNTY TO THE TOTAL THE TIME TO THE TIME THE	STATE  ST

requires, that, the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

	STATE OF MARYL
ron.	

AND

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REG NO		

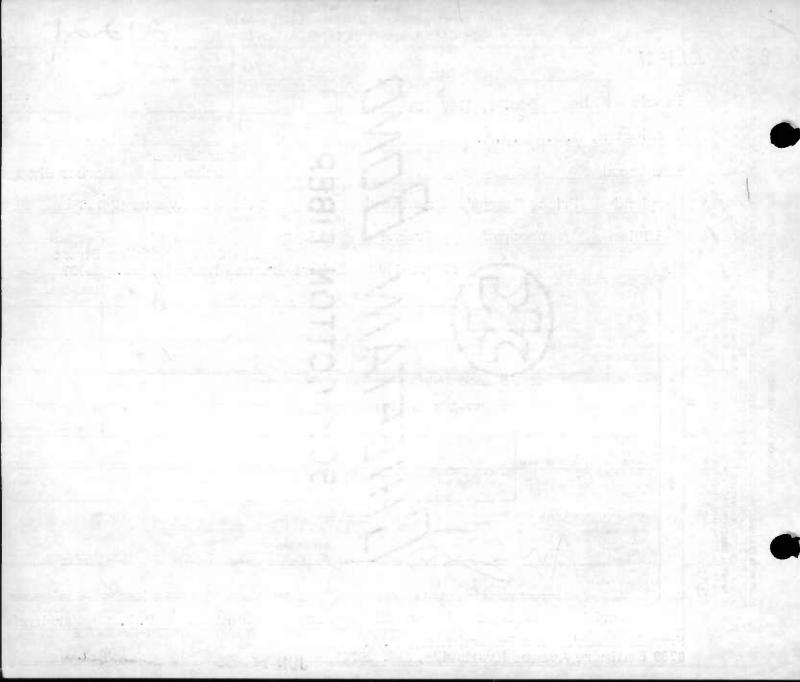
ı	1 -	STATE REGISTRAR			FICATE OF DEATH	REG. NO.	6.			
ľ		CEASED NAME FIRST	MIDDLE		LAST		DAY YEAR 26 HOUR			
2	ITPE	Kathlee Kathlee	n A.	G <sub>1</sub>	rav	7 8	878:10 Pm			
ł	3: SEX		4. RACE		OF BIRTH	S. M. S. C.	FUNDER LYEAR FUNDER 24 HRS			
١	Fe	male	Caucasian	MON	5 34	52 YRS.	NONTHS DATS HOURS MIN.			
Ì		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT	T COUNTRY? 8.	ED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH			
ı		shington, D.C.	U.S.A.	WIDOW		Prince George's	MD.			
1	10. CI	TY OR TOWN OF DEATH		ITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR			
ı			Southern M	laryland Hos	spital Center	Homemaker .	N/A			
		AL RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY)		esidence before admission CITY OR TOWN pper Marlbo	TOES NO	13e.STREET ADDRESS / ZIP CODE 11208 Brooklee				
1	14 FA	THER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA/	WE	TZAI			
1				arker	Theresa	Katherine	Bailey			
		AS DECEASED EVER IN U.S. AR (15, NO OR UNKNOWN) (1F YES, GIV	E WAR OR DATES	50CIAL SECURITY NO. 9-48-2230	Richard S. Gr	11208 Brookle	e Drive			
ı		18. CAUSE OF DEATH (Enter on	ily one couse per line f	or (a), (b), angly (c).1		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ı		PART I. DEATH WAS CAUSE IMMEDIA	10 m							
١			~ 1							
١	н	Conditions, if ony, which	( (b)	a consequence of	sessis		5 days			
1		gove rise to immediate couse (a), stating the		17						
	2	underlying couse lost	1 / egra							
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0								
	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION	ON WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?				
	CER	218. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TO P	ART 1 OR PART 7)			
1		OR CONTRIBUTING CAUSE OF DEA	AIR	MONTH DAY YEAR						
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF IN	IJURY	211 LOCATION	CITY OF TOWN	COUNTY STATE			
ı	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA	ACTORY, OFFICE, FARM, ETC.)	SIREET					
1		22a.l certify that (I) (this hosp	tol) ottended the dec	eosed from	15 19 8	1. to 7/8	19. 8.7, that (I) (wa) lost			
1		sow the deceased alive on	T 8	death 19 87	and that in (my) (our) opinion	death occurred on the date and hous	and from the couses stated			
1		22b. SIGNATURE	1/10		DEGREE		22c. DATE SIGNED			
		William	Metes	und	ATTENDING PHYSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN	7/9/87			
		224. PHYSTCIAN'S NAME (TYPE C	OR PHILIP		22e ADDRESS					
		William J. O	etgen, M.I	).	3611 Branch	Ave., Temple Hill	Ls, Md. 20748			
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY			
	(	SPEC Burial	//13/8/		ection Cemeter		G. Maryland			
		INERAL DIRECTOR		6160 Oxo	n Hill Rd. 250 PAT	E REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE			
	G	eorge P. Kalas	Funeral Ho	ome Oxon H	ill, Md.	1 3 1987	release Handalle			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbot papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremafan, ar removal.

IMPORTANT: If Hem 21 is morked or Rem 18 shows any injury, or other troumotice



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	.1. 5.			STAT	E OF MARYLAND			_
0236 Ju	1 22	ATATE REGISTRAR	C		EALTH AND MENTAL I	HYGIENE	2122	.2
1		CEASED NAME FIRST	WIODLE		LAST	20 DATE OF DEATH	MONTH DAY YEA	R 26 HOUR
Page 4 may be director. page 3 hours after death	{TYP	E OR PRINT)	ROTHEA	GREGO	RY	11.0	07-12-87	10 00A
OF OF P	3. SE	X	4 RACE	5. DATE (		6. AGE (IN YEARS LAST		EAR IF UNDER 74 HRS
s offi		F	W	MONT	OAY YEAR		64 YRS	AYS HOURS MIN
Page I direct hours	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	H
leoth.	4	S.C.	II S A	WIDOW	-	PRINCE G	EORGE'S COUN	MTY ME
s ofter d	4	ITY OR TOWN OF DEATH CHEVERLY	PRINCE GEO			R 120. USUAL OCCUPA (TYPE OF WORK FOR MOS		ID OF BUSINESS OR TRY
hour hour	U5U	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDE	NCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS	32 13e STREET ADDRES	S / TIP CODE 20	7117
Affle ould			ESTVILLE	OK 104414	YES NO W		NNELL DP	ADT 104
tely 2 s	14. F.	ATHER'S NAME			15. MOTHER'S MAIDEN	NAME	1711	(11 1 4 1 0 1
omple lond	7	GLEN	MIDOLE	ROLLING	FIRST	MIDDLE		LAST
		WAS DECEASED EVER IN U.S.		IAL SECURITY NO.	17. INFORMANT	ADD	PRESS	
n ond c		(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	-12-850	B PRINCE	GEORGES GI	EN HOSP	MD0 100
ficate b physicia popers. navol. ent, the		18 CAUSE OF DEATH (Enter			U FALLINGE	UEVAGED U	Printer and the second	PROSENCE STEEVAL
ned by t please r vivial, cre y, or athe		cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CO		NOT RELATED TO THE T	ERMINAL DISEASE OR CO	ONDITION GIVEN IN PAR	Tla
ed of	NO NO							
on. Desmit	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
physical phy	7 E	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	NTH DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I OR PART	(2)
ICIA P P P P P P P P P P P P P P P P P P P	¥	OR CONTRIBUTING CAUSE OF	DEATH	19	LOW BOOK			
PHYS indin	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJUR		211 LOCATION	CITY OR	TOWN COUNTY	Y STATE
offe offer ter the hon	2	MHILE NOT WHILE	(ATTIONS STREET, FRETOR	ii, Office, Farm, Ere y				
A A A A A A A A A A A A A A A A A A A		220 I certify that (I) (this ho	spital) attended the decease	ed from 7-	8 - 19 8	7. to 7	-12-1987	, that (I) (we) last
pritol Portol for of He		saw the deceased alive abave, (1) (we) (did) (did	nat) view the bady after deal	th 19, a	nd that in (my) (aur) apır	nion death occurred on the	date and hour and from	the causes stated
OR ATT biRECTO ched for ched for them 2		226. SIGNATURE	/		DEGREE		22c. D	ATE SIGNED
		den	andu	M	ATTENDIN PHYSICIAI		SICIAN 7	-12-8
CO HOSPITAL etoined by the TO FUNERAL should be detoined with the Stote IMPORTANT: II	7	22d. PHYSICIAN'S NAME (TYP			22e ADDRESS			
O HOSPI etained b TO FUNE should be with the S		1.5. N	MANDER					
0 m 0 m ₹ ₹		BURIAL, CREMATION, REMOV.	AL 23b. DATE	23c NAME OF C	EMETERY OR CREMATO	RY 23d LOCATION		
BP	-	(SPECIFY) REMOVAL	7-17-87	33399		CITY OR TOWN	COUNTY	STATE
DHMH 14 404 740	24 F	UNERAL DIRECTOR			25a	DATE REC'D BY DECKED	ARD A FIGHT PART SIG	NA STANSON
DHMH - 16 60M 7/B4 (VRA 15, 4)		NAME STATE	ANATOMY BOA	TO'		INF 31 BOL	1	

1	FOR STATE REGISTRAR
	REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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0 1	1	6	0
PERINO	200		

ы	100	REGISTRAR		CERTIF	ICATE OF DEATH	8 /	REGINO.	6.4		
2	28	ASED NAME FIRE	MIDDLE	(	AST	2a. D.	ATE OF DEATH MONTH	DAY YEA	10 110 011	
		Joseph	Frank	GR	IFFIN	Ju	ly 10, 1987		5:49P M	
	3. SEX		4 RACE	5. DATE C			E [IN YEARS LAST BIRTHDAY]	MONTHS DA	FEAR IF UNDER 24 HRS	
		Male	Black	Oct	1		75 Y	RS MONTHS DA	ATS ROURS MIN.	
	7o. BIR	RTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF WHAT COUN	TRY? 8.	D NEVER MARRIED	9. BA	LTIMORE CITY OR COL	INTY OF DEATH	Н	
2		Md.	U.S.A.	WIDOWE	D DIVORCED	o Pr	ince Geor	ge's	MD.	
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		R OTHER INSTITUTION		ISUAL OCCUPATION OF WORK FOR MOST OF WORK		ND OF BUSINESS OR	
5		anham	Doctor's Ho	sp. of	P.G.	M	lelder .	Shee		
1	13a. S		ome or other institution, give residence COUNTY 134. CITY OR Lanha	TOWN	130. INSIDE CITY LIMIT YES NO 🗌	13.50	REET ADDRESS / ZIP CO Baltim	ore St	.20801	
4	14. FA	THER'S NAME	MIDDLE LAS	,	15. MOTHER'S MAIDER	NNAME	MIDDLE		TAST	
1	J	oseph	Griffin		Harriet		Mode	Brooks		
1		AS DECEASED EVER IN U	S. ARMED FORCES? 16b. SOCIAL	SECURITY NO.	17 INFORMANT		7216 E	. Fore	est Rd.	
		C (IF	217-0	9-5854	Agnes L.	Thom	as-Kentla			
		PART I. DE ATH WAS C	ter only one cause per the for (a), (I AUSED BY. EDIATE CAUSE (a)	bl, ond tou	of the	R	Sucres	APF BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH	
H		Canditions, if any, whi								
		gove rise to immedia cause (a), stating t underlying cause lo	te he DUE TO, OR AS A CONS	EONE CE ON	ydul					
	NOI	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING	PO DEATH BUT	NO RELATED TO THE	TERMINAL	DISEASE OR CONDITION	GIVEN IN PAR	T Ico	
X	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED			IF YES, WERE FIN ERTIFYING CAU YES	NDINGS USED JSES OF DEATH? NO	
7	CAL CERTI	210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OC	CCURRED (	ENTER NATURE OF INJURY IN ITE	M IS PART 1 OR PART	† 2)	
	MEDICAL	21d. INJURY OCCURRED  HILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COUNTY	Y STATE	
		22a.1 certify that (1) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19								
		224 SKINATURE		~ (	FIII3ICI	NG MEI	DICAL STAFF ECTOR PHYSICIAN	-	7.11/87	
1		O O	Montanez	WD	3 3 OR	Dod	es PK F	1 / (	ender.	
	23a B	URIAL PREMATION, REM	OVAL 236 DATE 7/16/87		EMETERY OR CREMATO	ORY 23	LOCATION CITY OR TOWN	P. Conty	An. STATE	

14 FUNERAL DIRECTOR

14. S. WASHINGFON & SONES 4925 BURNOUGH AUG. N. O.

DHMH - 16 60M 7/M4 (VRA 15, 4)

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teter dans. It rables	5.7.5 % .	geole a monacul	Barrow!	
Peper welltrore at. 20801	Tue z	parint.	I II . M	
Thomas Length Hd.			daect	

WELLS OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DE LASED NAME KNOWN TYPE OF PRINTI ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS DEATH MATED 01 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCE DEAD BALTIMORE CITY OF COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Georgia WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176. KIND OF BUSINESS 120. USUAL OCCUPATION (TYPE OF WORK Printing Foreman Printing HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FORM PA MIDDLE LAST Woodard Willie Frank Groom DIVISION OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 1702 61storAve, Chererly, MD 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) LIFYES GIVE WAR OR DATES 265-14-2513 Bernice Grooms (wife Yes WWII 18 CAUSE OF DEATH (Enter only one couse per line far (a) (b), and (c). APPROXIMATE INTERVAL OF HEALTH AND MENTAL HYGIENE, D PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate OR cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFFIRE DEATH, WITH THE STATE DEPARTMENT OF HE BARTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES NO NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection 220 I certify that I taok charge of the remains described above, held on and in my opinion death resulted from Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL. SIGNATURE MEDICAL EXAMINER XAMINERS NAME TYPE OF PRINT 230 BURLA, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Georgia Church Cemetery Fayette 25M **DHMH - 17** (VR A15 ME (5)

# 162268 AUG 1187

Service y		. S. A.	rt 10 10 1
ine Foremen ziz	the teril		
	V 1: J. J.		
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let lve, lerer	illi	1100.1-)	: mara
(vife)	Lernice Grooms	265-14-2513	los

injury, or other troumetic

cott has been signed by the attendi

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STATE OF M

DEPARTMENT OF HEALTH

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9.	REGISTRAR				CERTIF	ICATE OF DEAT	TH 8	/ REG	NO.	2 2 :	3
	CEASED NAME	FIRST	A	MIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR A.
(,,,,,	CORPRINT	ELEAN	OR	М.	GRO	SS0	11.0	July 2.	1987		5:30 M
3 SE	Х		4 RACE		5. DATE C			6. AGE (IN YEARS LAST		FUNDER I YEAR	
	Female		White	2	Aug	ust 20, 1	889	97	YRS.	MONTHS DAYS	HOURS MIN.
7a. 8	RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARR		9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	assachuset	ts	USA	1	WIDOWE			Prince	Georg	es	MD
10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUT	ION	12a USUAL OCCUPA			F BUSINESS OR
	yattsville		Sacre	ed Heart	Home,	Inc.		Housewi	fe.		Home
13a. S	AL RESIDENCE (IF NUR STATE LTVland	13b COUNT P. G	ATY	13c. CITY OR TOW Hyatts	N.	13d INSIDE CITY LI	IMITS?	13e.STREET ADDRES		Chape	20782 e1 Rd.
14 FA	ATHER'S NAME		MIDDLE			15. MOTHER'S MA	IDEN NAM				
	Unknow	n n	WIDDLE	Smith		FIRST		Unknown		IAS	
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT				ourn, N	
	No	(# 125, 51	t wan on barto)	266-62-	1884	Elizabe	th D	avis: 18	4 Lex	ingtor	st.
	18 CAUSE OF DEA	TH (Enter ar	ly ane cause per	line far (a), (b), and	dicut		10.77		111111111111111111111111111111111111111	BETWEEN	ONSET AND DEATH
	PART I. DEATH V		D BY: TE CAUSE (a)								111111
			DUE TO, OI	R AS A CONSEQUE	NCE OF	1-1-5	- 5-	lenk He	(14	13 6.	100
179	Canditions, if any gave rise to im	, which	(b)_			Arred	030	iemu ije	all o	1300	Jean
	cause (a), stati	ng the	DUE TO, OF	R AS A CONSEQUE	NCE OF						
			(c)								
NOI	Organi	NIFICANT O	alm 2	PURITURE TO E	DEATH BUT	NOT RELATED TO T		INAL DISEASE OR CO	INDITION GI	VEN IN PART 1	a
CERTIFICATION	190 DATE OF OPERA	NOIT	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	D	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES	
ERTI	21a, ACCIDENT WAS UN	DEPLYING F	1 21b. TIME O	E INTUINY		21. HOW BUILDY	OSSUPP	YES NO		ES 🗌	NO 🗌
	OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH DA	YEAR	THE HOW INJURY	OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
MEDICAL	21d. INJURY OCCUR		P./		19	211. LOCATION		A TABLE			
MEI	WHILE D NOT W	HILE		EET, FACTORY, OFFICE, FA	ARM, ETC )	STREET		CITY OR	TOWN	COUNTY	STATE
	22e I certify that (I	ORK	tal) attended the	a decreased from	1	1121	8%	-	111	10 8 7	
	saw the deceas	sed alive an	1. 1.7	19 8	7 . ar	nd that in (my) (aur)	apınian d	leath occurred an the	date and has		that (I) (we) last causes stated
	22b. SIGNATURE	aia) (aia no	T) view the body	affer death.		DEGREE				22c DATE	SIGNED
	9	7- N	1. Fu	Mi		PHYS	IDING ICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN []	7/2	2/67
	I BRF	1146	R PRINT)	KHA'	TRE	65-25	Belo	evest Roc	ttl Co	altsvil	45MP2
23a 8	BURIAL CREMATION SPECIFY) Burial	, REMOVAL	July (	5 1987		Auburn		23d LOCATION CITY OF TOWN Cambr	ridge,	county	ass.
24. FL	JNERAL DIRECTOR							PECIA. BY REGISTRA	AR 250 REGIS	TRAR'S SIGNAL	URE
Iv	es-Pears	on F	. н.	Arlingt	con,	VA.	JUL	0 0 1987	Julia 1	Dandern-K	(Adalb)

DHMH - 16 60M 7/84 (VRA 15, 4)

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to Funckal Director inhold be detached for use in the Stote Dept of Health Management (1) and Management (1)

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3	-5	FOR STATE BEGISTRAR		DEPARTM	-	EALTH AND MENTAL HYGI ICATE OF DEATH	8 EG. NO	226
		CEASED NAME FIRST		MIDDLE			DATE OF DEATH ONTH	27 87 4:28A M
	3. SE X	MITCH	4. RACE	G	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF LINDER 24 HRS
,	7- DIE	Male RTHPLACE (STATE OR FOREIGN		Black 09		28 10	76 YRS	
		OUNTRY)	USA	WHAT COUNTRY?	MARRIE	D NEVER MARRIED D	PRINCE GEORGE'S	
		TY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET A	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (Type of work for most of working Retired	126 KIND OF BUSINESS OR
0000		HEVERLY  AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	TAL CENTER		20701
2		Maryland PG	VII	North En	glewo		135 STEE ADDRESS A ZE CO	Tewood Drive
)		THER'S NAME Sidney Guerin	MIDDLE	LAST		Julia Hamilt	on Middle	LAST
	(Y	VAS DECEASED EVER IN U.S. AR res, no or unknown) (IF YES, GF YES					-wife-5112 Nort	h Englewood Dr.
	7	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, C  (b)  DUE TO, C  (c)	OR AS A CONSEQUE SOP SI OR AS A CONSEQUE MILTERS	NCE OF	Prostatic C	MU NOMA  NAL DISEASE OR CONDITION C	SIVEN IN PART Ito
2	CERTIFICATION	190 DATE OF OPERATION	19h COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	MN CER	/ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{NO} \)
7		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	AIN	OF INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM I	8 PART   OR PART 2)
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY	ARM, ETC ]	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.   certify that (I) (this hosp sow the deceased alive or obove, (I) (we) (did) (did no	7/26	19 0	7/1	nd that in (my) (our) apinion d	eoth occurred on the date and h	, 19 8 7, that (I) (we) lost cour and from the causes stated
		22h SIGHARYARE DOWN	legas			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	272. DATE SIGNED, 7/27/87
1		22d. PHYSICIAN'S NAME (TYPE	MAS	Lyons		1 Hespital	Dr. Cheverly:	ml 20785
	- (	SURIAL, CREMATION THOVA (SPECIFY)	Aug.	111		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Landover,	Maryland State
		JNERAL DIRECTOR Stewart Vaneral	UHome Z	OUI Benni	ng Ro	ad.N.E. 250 AU	REGIO. BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL retained by

BP.

STATE	ΩF	MARYL	AND
SIMIL	Of	MWUIL	MIND

ı						STATE	OF MARYLAND					
ł	610	FOR			DEPARTA	AENT OF H	EALTH AND MENT	TAL HYGI	IENE ( )	015	100	7
۱	0.0	REGISTRAR				CERTIF	ICATE OF DEAT	H	REG. NO	0	141	
l		CEASED NAME	FIRST	75 22 0	WIDDLE	L.	AST		20 DATE OF DEATH	MONIH DAY	YEAR 2	26 HOUR
ı	(TYPE	OR PRINT)	ELO1.	5	E.	G	KZMAN	(0)	7/4/87	7	2	Sport M
ı	3. SEX			. RACE		S. DATE O		rEAR .	6 AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS
ı		FEMAL		WH		12	/ /	0	76	YRS.		4,
I	2	RTHPLACE (STATE			S. A -		NEVER MARR		BALTIMORE CITY O		FDEATH	
1		ALTIMOR IY OR TOWN OF			HOSPITAL, NURSIN	WIDOWE			Prince G		124 KIND OF	MD. BUSINESS OR
ı	1		11	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESSI 9/	06 Pikevien L	ane	(TYPE OF WORK FOR MOST O		INDUSTRY	
Į	6	UNTON, M			MANOR EKT		CARE (ENTR	RE Chi	tended. (ha	nefre	) at h	ome
1	130 S	TATE	13h COUN	TY	13c. CITY OR TOW	N	13d. INSIDE CITY LI		13e.STREET ADDRESS			
ļ	_	narycan	dist.	Mary	Charlot	те н	15 MOTHER'S MA		Box 332	Sycan	nore L	ane 20
ı	14 FA	THER'S NAME FIRST		IDDLE'	LAST		FIRST	IDEIN IN AN	MIDDLE		LAST	
Į				nown					Unknown			
ı		VAS DECEASED EV		WAR OR DATES)			17 INFORMANT				keek,	Md.
1	d'	NO			317-03	-1567	Virgini	a Le	chlider 3	06 Fa		
I		18 CAUSE OF DE	ATH (Enter only	y one couse pe	er line for (a), (b), on	d (c1.)	1 10				BETWEEN ON	ATE INTERVAL NSET AND DEATH
ı		PARTI. DEATE		CAUSE (o)_	Heart	ata	tock					
ı				DUE TO. C	OR AS A CONSEQUE	NCE OF						
ı		Conditions, if a		(b)_	Hubet	usic	ye.					
Į		gove rise to		DUETO	OR AS A CONSEQUE	NCE OF						
ı		underlying co	use lost	(10)	COP	<b>D</b> .			200			
ı		PART 2. OTHER S	IGNIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO 1	HE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	
ı	NO O		Semile	14	Ver	Int	7, 9					
1	ATI	190 DATE OF OPE	RATION	196. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?		WERE FINDING	
Į	FIC								YES NO NO	IN CERTIFYII	NG CAUSES O	NO T
i	CERTIFICATION	21g. ACCIDENT WAS	UNDERLYING	21b. TIME	OF INJURY		21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJUI			
۱		OR CONTRIBUTING	_	rı .		AY YEAR						
ı	MEDICAL	21d. INJURY OCC			OF INJURY	19	211 LOCATION	-				
ı	MET		T WHILE		TREET, FACTORY, OFFICE, F	ARM ETC )	STREET		CITY OR TO	WN	COUNTY	STATE
١		AT WORK	WORK			-10	1/17		7/4/1	,		
١			(1) (this hospite eosed alive on _	6 6 29 6 1	he deceased from_	3/1	) / , 19		, toleoth occurred on the de	, 19		not (I) (we) lost
ı		aboye, (I) (w	e) (did) (did i	TO the Wood	volter death.			opinion	eom occorred on the do	ne ond nour d	ind from the co	ouses stored
ı	04	THE SHANATURE	245	n			DEGREE	IDING A	MEDICAL STAI	· F	22c. DATE S	IGNED 7
		Dec	110	Jy On	us)		PHYS	ICIAN L	DIRECTOR   PHYSIC	IAN	1/17	101
		PHYSE IAN'S	NAME ITYPE OR	PRICE	10		370 ADDRES	ud st	& Rol			
		The.	H da	yan	M		CIC	Vul	, mol.			
1	23a. B	SURIAL, CREMATIC		936. DATE			EMETERY OR CREM		23d LOCATION		COUNTY	STATE
ı		Dann i	0.1	7/0/	87 I A-	rline	ton Mat	Co	CITY OR TOWN	naton		STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

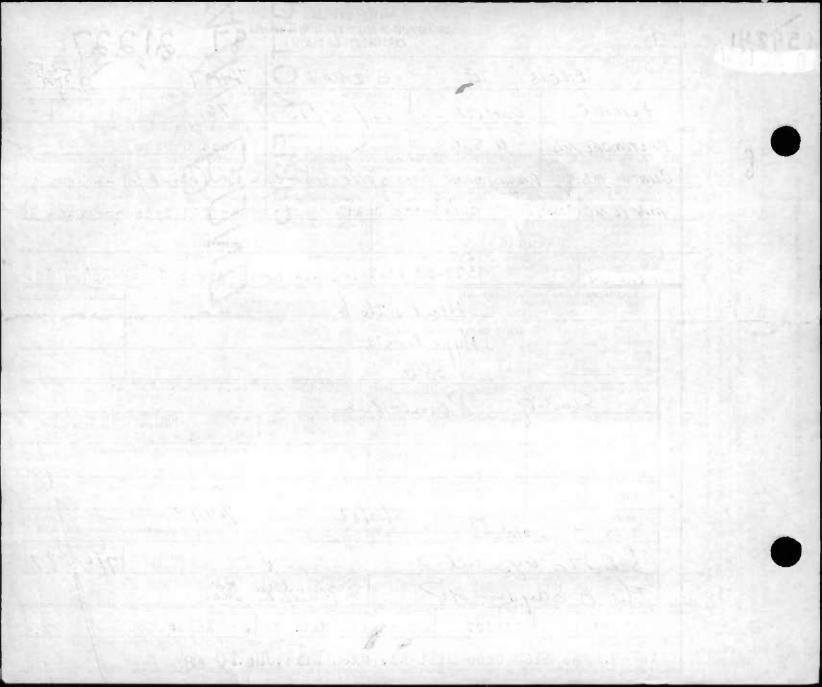
BP.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or ather traumatic event

Cem Ariington

250 Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Kalas F. Home 6160 Oxon Hill Rd. Oxon Hill, JUL.1



STATE OF MARYLAND

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physician

060728

death. Page 4 may be

lled in by the funeral director, page 3 atd be filed within 72 hours after death

STATE OF MARYLAND

STATE REGISTRAR			CERTIF	ICATE OF DEATH	B 7 REG. N	10.	
DECEASED NAME (TYPE OR PRINT)	MORRIS	C.	HALEY	AST	20 DATE OF DEATH	07-18-87	12.05A
SEX	4 RA		5. DATE (		6 AGE (IN YEARS LAST BI		FEAR IF UNDER 24 HRS
BIRTHPLACE (STATEO COUNTRY)		TT C A	MARRIE	D NEVER MARRIED	PRINCE GE	ORGE	H
CHEVERLY				TAL CENTER	126 USUAL OCCUPAT (1YPE OF WORK FOR MOST)  NONE.		ID OF BUSINESS O
SUAL RESIDENCE (IF NO 30. STATE  MD.  FATHER'S NAME  FIRST	136 COUNTY	PLEASIANT	ENCE BEFORE ADMISSION) Y OR TOWN LAST	13d INSIDE CITY LIMITS? YES NO D	7100 PDF		20743 LAST
WAS DECEASED EVE	ER IN U.S. ARMED		CIAL SECURITY NO.	17 INFORMANT	ADDR	ESS	
18 CAUSE OF DEA PART I. DEATH	IMMEDIATE CA	/ /8/	This	C GNU	SEORGES GE		PROXIMATE INTERVAL VEEN ONSET AND DEAT
Conditions, if on gove rise to it couse 101, stol underlying cou	mmediate fing the rise lost	DUE TO, ON AS A C	and	NOT RELATED TO THE TER	rminal disease or con	JUITION GIVEN IN PAR	N 110
190 DATE OF OPER	RATION	19b. CONDITION FO	DR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FIT IN CERTIFYING CAU YES	
OR CONTRIBUTING  (IF EITHER NOTIFY ME  21d. INJURY OCCU  WHILE  A WORK  220.1 certify that	CAUSE OF DEATH EDICAL EXAMINER)  URRED  WHILE WORK  (If this hospital) ( If this hospi	P.M. 21e PLACE OF INJUI (AT HOME STREET FACTO  Ottended 10 Veceos  w the bedy differ dec	NTH DAY YEAR  19 RY  OFFICE FARM, ETC.)	211 LOCATION STREET  19  nd that in (my) (our) apinio DEGREE  ATTENDING		late and hour and from	y STATE  That (I) (we) lo
In BURIAL, CREMATION (SPECIFY)		7-22-87	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physiciar should be detached for use as the burial-transit permit. Then please remove carbon popers: IMPORTANT: If Hem 21 is morked ar Hem 18 shows ony injury, or other troumotic event, th should be detached for use as the burial-tronsit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.

NAME (VRA 15, 4) STATE ANATOMY BOARD

24 FUNERAL DIRECTOR

ADDRESS BALTO

MD

250 101 E REGID AY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Dendur Rudisa

061662

1 - STATE

Georgia

CERTIFICATION

STATE OF MARYLAND

DEPART

MENT	OF	HEAL	TH A	AND	MENTAL	HYGIENE	
CEL	RTI	FICA	TE	OF	DEATH	574	1

DIVORCED X

QUE GISTRAR				CERTIFICATE OF DEATH	REG	GNO.	in a	140		
DECEASED NAME (TYPE OR PRINT)	GEORG	IA	D.	HALL	20. DATE OF DEATH	07	22	YEAR 87	2b. нои 3 :	JR 24
. SEX		4 RACE		5. DATE OF BIRTH	6. AGE (IN YEARS LAS	BIRTHDAY	IF UNDE	RIYEAR	IF UNDER	24 HR
Female		Black		Aug. 4, 1925	61	YRS	MONTHS	DAYS	HOURS	MIN
a. BIRTHPLACE (STAT	TE OR FOREIGN	b CITIZEN O	F WHAT COUNTRY?	8	9. BALTIMORE CIT	Y OR COUNT	Y OF DE	ATH		

ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

USA

PRINCE

7/22/87

-	CLINTON	SOUTHE	RN MARYLAND	HOSPITAL	Retired-Self employed
		ING HOME OR OTHER INSTITUTION	GIVE RESIDENCE REFORE ADMISSIONS		13e.STREET ADDRESS / ZIP CODE 12313 Arrow Park Drive
	Jude Dawson	MIDDLE	LAST	Katie Te	
	160 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 238 36 0617	17 INFORMANT Exekiel Crado	ADDRESÓXON Hill,Md. dock-son-551l Chloe Drive
ı	No. of the last of				APPROXIMATE INTERVAL

8 CAUSE OF DEATH (Enter only one couse pe		BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)	Acute Respiratory Failure sec. to	
4109		
/ 6/ 6 /	RAS A CONSEQUENCE OF Spontaneous Lt.Pneumothorax	
Conditions, if only, which gove rise to immediate	bpointaineous Beilineumotholax	
couse (a), stoting the DUETO, C	R AS A CONSEQUENCE OF	
underlying couse lost.		

S. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN

## Traumatic transection of Cervical Cord; C.O.P.D., Bronchial Asthma 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

		YES NO YES NO NO
?)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	
214 INTUINV OCCUPATED	101. DI ACE OF INTUINY	201 LOCATION

COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE

220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated

22b. SIGNATI DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

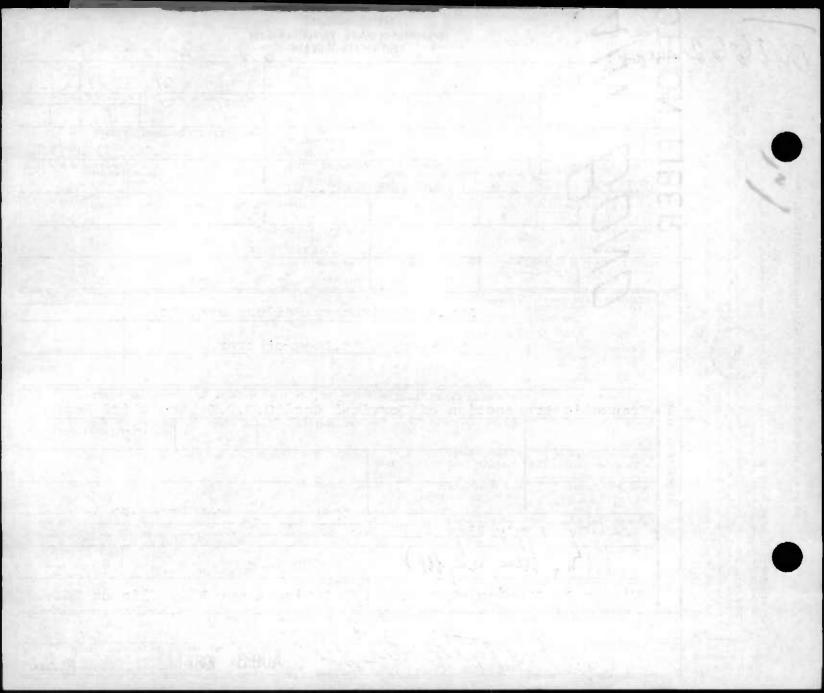
Victor S. Chupkovich, M.D. 9131 Piscataway Rd., Clinton, Md.

230 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL TIM DATE Brentwood, Maryland 1987 Fort Lincoln Burial emetery AUG 3 1987 Aulia Deriden T 24 FUNERAL DIRECTOR Julia Davidson Randalls Funera

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.



that the death certificate be

TO HOSFIFEL OR ATTENDING PHYSICIAN - The hospital or attending phy

BP.

	1 1	STATE O
061639 AUG	5 -4, 87-or	DEPARTMENT OF HEA
	- STAIL	CENTIFIC

F MARYLAND ATE OF DEATH

0	3	9	3	
REG. NO.	É	64.70	20.8	

	REGISTRAR			CEKIII	ICATE OF DEATH	REG.N	o. •		
	ECEASED NAME	FIRST	MIDDLE	l	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
(14)	- CARKINI)	Edna	D.	Han	nrahan	July	29,	1987	11:22a
3 SE	X	4.	RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	F UNDER I YEAR	IF UNDER 24 HRS
	Female		Caucasian	Oct.		91	YRS.	DATS	NOOKS MIN
8 76 8	SIRTHPLACE (STATE O	R FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
D Ma	assachuse	etts J	nited States	WIDOWE	DIVORCED	Prince G	eorge		M
17/19	CITY OR TOWN OF DE	ATH 11	. NAME OF HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	17a USUAL OCCUPAT			OF BUSINESS O
	lyattsvil		Carroll Man	or		Teacher			ation
13e.	STATE  STATE	136 COUNTY Monte		/N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 6402 Ho1	ZIP CODE 1ins	Drive	/20817
A HE	ATHER'S NAME		DDLE LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	1157	145	
100	Joseph		Dillon		Anne			McKen	na
3/1 16	WAS DECEASED EVE	R IN U.S. ARME	(AR OR DATES)		17 INFORMANT	ADDRI			
21-	NO OR UNKNOWN)		096-32-	6714	Edward J.	Hanrahan,	same		13
£.	18 CAUSE OF DEA		one cause per line for (a), (b), an					BETWEEN	MATE INTERVAL ONSET AND DEATH
9	PART I. DE ATH	WAS CAUSED I	CAUSE (o) Metastat	ic C	arcinoma of	the brea	st	4 mo	nths
NO NO	PART 2 OTHER SIG	GNIFICANT CO	nditions <u>contributing to</u>	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
CERTIFICATION	190 DATE OF OPER	ATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDING CAUSES	
	71a. ACCIDENT WAS U	NDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR				
	OR CONTRIBUTING		HOUR A.M. MONTH D	AY YEAR	1				
MEDICAL	21d INJURY OCCU		21e PLACE OF INJURY	-	211 LOCATION	CITY OR TO	WN	COUNTY	STATE
rked X	AT WORK NOT W	ORK	(AT HOME, STREET, FACTORY, OFFICE, I	AKM, ETC )	3				
s mo	220.1 certify that (		attended the deceased from		rii , 19 87		9	9_87_	that (I) (we) la
21 8	saw the deced		JUTY / 19_	87	nd that in (my) (aur) opinion	death occurred on the d	ate and hour	and from the	couses stated
If Item	226. SIGNATURE				DEGREE			22c. DATE	SIGNED
= /	Jam	es J.	Foster, M.D.		ATTENDING -	MEDICAL STA	FF IAN []	Ju1	y 29,1
PORTAN		NAME (TYPE OF	N-fosto	om	brack ADDRESS 916 Wash	19th Streington, D	et. N	1.W. 20006	
2.5	BURIAL REMATION	, REMOVAL	DATE A110 4 23c	NAME OF C	enetery or CREMATORY	23d LOCATION			
	Buria1	4	1987° S1	t.Pat	rick's Cem.	Fall Ri	ver N	1assac	husett
24 1	FUNERAL DIRECTOR	obert				E REC'D. BY REGISTRAR	25b. REGISTI	RAR'S SIGNAT	TURE
17/84 Be	thesda-	hevy (	Chase Theres	MT	20814	JUG 3 1987	A.c.	. Rind	P. Jak

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND
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DEPART

MENT OF	HEALTH	AND	MENTAL	HYGIEN
CERTI	FICATE	OF	DEATH	273

FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	2 3	2	
CEASED NAME E OR PRINT)	nnie MIDD	Harris	July 9,	1987	26 HOU 5:6	R 20 %
Female	4 RACE White	JULY 26, DAY 1912 AR	6. AGE   IN YEARS LAST BIRTHDAY) 74 YRS.	MONTHS DAYS	IF UNDER	24 HRS MIN.
New Jerse		AT COUNTRY? 8.  MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT		у	MC

IAL RESIDENCE HENURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONS		•	•
Bladnesburg	5999 Emerson Street	Housewife	Own Home	
	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION		126 KIND OF BUSINES	å

1	USUAL RESIDENCE (IF NURSI 130. STATE Maryland		GIVE RESIDENCE BEFORE ADMISSION) 134 CITY OR TOWN Bladensburg		STREET ADDRESS / ZIP	n Street 20	710
g.	14. FATHER'S NAME	WIDDLE	Staskus	15. MOTHER'S MAIDEN NAME Bridget		Ulbait	
	160 WAS DECEASED EVER		16h SOCIAL SECURITY NO. 152-12-1085	Joan Reynolds	(Daughter)	4705 Nichols Riverdale,	

PART I. DEATH WAS CAUSE	y ane cause per line for (a), (b), and ich  BY: ECAUSE 10) Can cumoma of Janques	BETWEEN ONSET AND DEATH
Canditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF  (b)	
cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	

100 . 1000	CONCINON FOR WHICH OPERATION	MAS PERFORMED	20b IF YES, WERE FINDII IN CERTIFYING CAUSES YES	
	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	 1	110

LIF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220 1 certify that (1) (this haspital) extended the deceased from and that in (my) (our) opinian death occurred on the date and have and fram

saw the deceased olive on abave, (I) (we) (did) (did not) view the body after death. 22b. SIGNATU DEGREE 17L DATE SIGNED MEDICAL STAFF ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN Suite #205

Steven Sandler, M.D. 7500 Hanover Parkway Greenbelt, Md. 20770

23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial 07/11/87 Fort Lincoln Cemetery

2Francis Casch's Sons Funeral Home, P.A. 4739 Balitmore Avenue Hyattsville, Md. 20781

P.G. Maryland Brentwood 256 REGISTRAR'S SIGNATURE

OR

DHMH - 16 60M 7/84

(VRA 15, 4)

		Maria de Caración
and the second		
Destruction of the contraction		A. S. Besty
A Carlotte Comment	Septime 1.0813	
	(envañ (en 1200 - 1 - 1	
AT THE REAL PROPERTY.		

			1.	FOR STATE			DEPARTN	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG	IENE		) 3	3
00	000			REGISTRAR	FIRST		MIDDLE		ICATE OF DEATH	REG. NO		(ine	
D L	920	JUL 2	8	ASED NAME	BOBE		T.		HARRIS		07. 2		25. HOUR
	pag	0	3 SE	x	DODI	4. RACE	14	5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY)	F UNDER I YEAR	IF UNDER 24 HRS
+	e 4 r	\$ 0 \$		Male		Caucas	ian	Aug.	13, DAY 1934 YEAR	52	YRS	ONTHS DAYS	HOURS MIN.
	Pag dire	non pon		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	47	9. BALTIMORE CITY OF		OF DEATH	
	eath.	2 35		st Virgini	a	U.S.A		WIDOWE	NEVER MARRIED	PRINCE GE	ORGE	S COII	NTY M
	er de	1		TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	170 USUAL OCCUPATIO	NC	126 KIND	OF BUSINESS OR
201	rs ofte	D G		CLINTON N		SOUT	HERN MA	RYLAI	ND HOSPITAL	Manager	WORKING LIFE	Auto	Repair
AND 21	4 hou	ld be		AL RESIDENCE IN NURS Aryland	13b. COUN	VTY	Bowie		13d. INSIDE CITY LIMITS?	3612 Marox	zip code on Lar	e 207	715
ZXI.	4 4		14. FA	THER'S NAME		MIDDLE	TAST		15. MOTHER'S MAIDEN NA	ME MIDDLE			.,
¥ ¥	pa di	1001	U.	lmer		Model	Harri	S	Tera	Middle		Mewbo	burne
MORE,	e execut	medico	0	VAS DECEASED EVER YES, NO OR UNKNOWN) Yes	(IF YES, GIV	MED FORCES? (E WAR OR DATES) L-1955	232-50-5		17 INFORMANT Pamela Harri	s Same as		E	
201 W. PRESTON ST., B.	es that the death certifical ned by the otherding raby	of by the off-duling all printing and the control of common or other troumon executions.		18. CAUSE OF DEAT PART I. DEATH W  Conditions, if any, gove rise to im- couse (a), stofir underlying cause  PART 2. OTHER SIGN	, which mediate ng the lost.	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEQUE  R AS A CONSEQUE  MAULTO	NCE OF NCE OF	spiratory:	Turner			ONSET AND DEATH
RDS,	Bit u	2 5	N O	Status po	太十	Comio	tomy X3	; Pt	NOT RELATED TO THE TERM	Was Accide	nt u	1) th	Lelit
AL RECO	No. Oak	100	CERTIFICATION	190 DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY?			INGS USED S OF DEATH?
DIVISION OF VITAL RECORDS, DIVISION OF VITAL RECORDS, MAGELIAN, The few requirements that the sea certificate has certificate has been sed as the best of the best of the best of the best of the second than the search per		to the certificate the buriel-transit and Mental Hygis ked or Nem 18 sha	MEDICAL CER	710. ACCIDENT WAS UNION OR CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OR CONTRIBUTING OF CON	CAUSE OF DEA	P. PLACE	OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, FA	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUR		COUNTY	STATE
	ATTENDIN spitol o	of Health		27a.1 certify that (I) (this haspital) attended the deceased from 5-26-1987, to 7-36-1987, that (I) (we) saw the deceased alive on 7-25-1987, and that in (my) (our) apinian death occurred an the date and haur and from the causes stated above, (I) (we) (did) (did pat) view the bady after death.							that (I) (we) last		
	ral OR A y the hos	detached ote Dept.		27b. SIGNATURE	arch	<u> </u>		m.D	PHYSICIAN	MEDICAL STAF	f IAN 🗌		26-87
	rained by	ith the St		BASIRM	OH M	AD F.	KOLIA. I	n.D.	22e ADDRESS 9135		way 20'	135.	d.
	T T	50 3 ≤	23a F	SURIAL CREMATION	REMOVAL	123h DATE	73¢ N	AME OF C	METERY OF CREMATORY	123d LOCATION			

Burial DHMH - 16 60M 7/84

23a BURIAL, CREMATION, REMOVAL

07/29/87 74 FUNERAL DIRECTOR Lee Funeral Home, Inc.

73t. NAME OF CEMETERY OR CREMATORY Maryland Veterans Cem

Cheltenham Prince Georges Md

22c DATE SIGNED 7-26-87

Julia Divideon Pendell

(VRA 15, 4) 6633 Old Alexander Ferry Rd Clinton, Md 20735

236 DATE

or oth

morked or Hem 18 sho

IMPORTANT: If hem 21 is

062417 AUG N- 87 TE REGISTRAR

## STATE OF MARYLAND

IENE

EP	ARTMENT	OF	HEA	LTH	AND	MENTAL	HYG
	CE	RT	FIC	ATE	OF	DEATH	

	REG. NO.	8	
	20. DATE OF DEATH MONTH	OAY YEAR	26 HOUR
	July 29. 1987		10:50A
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
YEAR	02	MONTHS DAYS	HOURS MIN

	OR PRINT)	51	MIDDLE	LA.	, ,	20. DAT	E OF DEATH M	JAIN O	, , , , , , , , , , , , , , , , , , ,	ZO HOUR
1	OK ( KIII )	Rose	Α.	Harı	ison	July	29. 198	7		10:50A
3. SEX	(	4. RA	CE	5. DATE OF		6. AGE	(IN YEARS LAST BIRTHE	DAYI	FUNDER 1 YEAR	IF UNDER 24 HRS
1	FEM,		BLK.	S-1	75-1903	5	73	YRS.	ONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIG	76 CI	ITIZEN OF WHAT COUNTRY	? 8.	NEVER MARRIED	34	MORE CITY OR			
	Md	53	11,5,A	WIDOWED			nce Geor	ges (	County	M
10 CI	TY OR TOWN OF DEATH	11. (	NAME OF HOSPITAL, NURS	ING HOME OF	OTHER INSTITUTION		IAL OCCUPATION		126 KIND O	F BUSINESS OF
1	AUREL	Gre	if not in such facility, give stree ater Laurel	Beltsvi	lle Hospit	al ZA	WORK FOR MOST OF W	24e	DEPI.	PACH
		COUNTY	134 CITY OR TO		13d INSIDE CITY LIMITS	13. STRE	et ADDRESS	IP CODE	fun	Reli
14. FA	THER'S NAME	MIDDLE	TAST		15. MOTHER'S MAIDEN	NAME	WIDDIE	.,	LAS	2070
111	ickolas	MIDDLE	HARRISO	N	1001SE	•	MIDDLE	HEI	BOAN	
16a V	VAS DECEASED EVER IN U	S. ARMED	FORCES? 166. SOCIAL SE	CURITY NO.	17. INFORMANT		ADDRESS	2	008-	20 Ml
(1	YES, NO OR UNKNOWN) (IF	YES, GIVE WAR	OR OATES) 214_1/	-6951	THEIN	D'A H	APRISA	11	ME	
-	IV C		100.1.10	P/01/	1 /166	17 / //	TIRIDO	70 -	APPROXI	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS C		e cause per line for (a) (b),	and fill	12055				BETWEEN	ONSET AND DEATH
	IMM	EDIATE CA	USE (o)	alac.	INKES!					
			DUE TO, OR AS A CONSEC	UBNCE OF						
	Canditions, if any, whi		(6) 50/	Heen	1100					
	gave rise to immedia cause (a), stating t		DUE TO OR AS A COMEGO	UENGE OF	1000	. 0	111			
	underlying cause la	ist.	in Ku	of teres	) Attern	me	Uscu	4		
	PART 2. OTHER SIGNIFIC	ANT COND	TIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE T	ERMINAL DIS	EASE OR CONDI	TON GIVE	N IN PART I	j.
NO	Die	ser te	cer loca	with	Gotto un	Jasten	00 h	1000	1 Anc	
AT	198 DATE OF OPERATION		196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	20a A			WERE INDIN	
CERTIFICATION						YES		IN CERTIFY YES	ING CAUSES	OF DEATH?
ERT	71a. ACCIDENT WAS UNDERLYI	NG 🗇	716. TIME OF INJURY		21c. HOW INJURY OCC					
-	OR CONTRIBUTING CAUSE		HOUR A.M. MONTH	DAY YEAR		([	CRITICAL OF TAXOUT			
S	(IF EITHER NOTIFY MEDICALEX		P.M.	19						
MEDICAL	214 INJURY OCCURRED		TIE. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE	E. FARM, ETC )	211 LOCATION STREET		CITY OR TOWN	4	COUNTY	STATE
2	AT WORK AT WORK			- 1	1.		_/_			
				/12	7	/	1/2	7	- 6/	

22a. I certify that (I) (this hospital) attended the deceased from saw the deceased olive on abave, (1) (we) +did) (did not) view the body after death.

DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (aur) apinian deoth occurred on the date and haur and Iram the couses stated

	7	DAKE	SIG	10/8	27	7
7	-	0		1.		ī

23a BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

The same of the sa 7:07 - 17 July 11 let CONTRACTOR AND THE STATE OF THE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 2 DATE KNOWN OF ESTI-DEATH MATED Mae FUNERAL DIRECTO 5 FOR YOUR FILE D, WITHIN 72 HOUR W. PRSTON STREE DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 50 May 24, 1937 Black DEAD TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED USA Alabama WIDOWED DIVORCED Prince George's ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Prince George's General Hospital RETAIN PA Cheverly Housewife 13n STATE 136 COUNTA 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Bladensburg 5440 Taussig Road Maryland YES 1 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE John Tatum Mabel Chapman 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO Alphonso J. Harrison-husband-5440 44 3352 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) Taussig Road, Bladensburk APPR MOTE INTERVAL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, 9867E 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMY AFFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENER BATIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY levelle cardet vaccular decar IMMEDIATE CAUSE (of DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO M 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN STATE WHILE AT WORK AT WORK COUNTY 22a I certify that I took charge of the remains described above, held an Inspection death resulted fram: Natural causes Accident Undetermined manner EXAMINER'S NAME TYPE OR PRINT 236. BURIAL, CREMATION, REMOVAL 236. DATE

Edneral Home-4001 Benning Road,

Lee's Crematorium

Washington, D.C.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Cremation

24 FUNERAL DIRECTOR

07/84

DHMH - T7

(VR A15 ME (5))

DHMH - 16 60M 7/84

(VRA 15, 4)

061802 AUG -

### STATE OF MARYLAND

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE - TEGISTRAR			IEALTH AND MENTAL HYG	BIENE B REG. NO	2 1	2 3 6	
DECEASED NAME FIRST	MIDDLE	L	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR	
Alice	D.	На	rtman		7-29-8.	2 11:45A	
1 SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY IF UNDER 1 YE	AR IF UNDER 24 HR	
Female	White	Nov		91	YRS DA	HOURS MIN.	
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OF			
Belgium	USA	WIDOWE	DIVORCED	Prince Ge		MD.	
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	120. USUAL OCCUPATION		D OF BUSINESS OR	
Hyattsville		Heart Ho	me	Housewife			
USUAL RESIDENCE (IF NURSING HOME 30. STATE 136 CO District of Colu	UNTY 13c CITY	ence sefore admission) OR TOWN Shington	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 1525 31st	ZIP CODE St., N.W.	7999	
14. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
Thomas		owd	Catheri		Do	ombs	
60. WAS DECEASED EVER IN U.S.	ARMED FORCES? 165. SOC	CIAL SECURITY NO.	17 INFORMANT	ADDRES			
(YES, NOOK UNKNOWN) (IF YES,		-44-5962	Mrs. J.W. So	ott-dau-(sa	me as 13e)		
18 CAUSE OF DEATH (Enter	anly one couse per line for (	a), (b), and (c)	A THE STATE OF		APPI SET WE	ROXIMATE INTERVAL EN ONSET AND DEATH	
PART I. DEATH WAS CAU	SED BY: IATE CAUSE (a)						
	DUE TO, OR AS A CO	ONSEQUENCE OF	Antonia Colo	rate Hear	tolise (	Hea	
Conditions, if any, which	(b)	1	Milem sca	1100		0 '	
couse (a), stating the underlying couse lost.							
	(c)						
0	T CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM		)ITION GIVEN IN PART	1 a	
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS		
#				YES NO XX	YES [	NO [	
210. ACCIDENT WAS UNDERLYING	LI 110110 1 11 110	NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	2)	
OR CONTRIBUTING CAUSE OF	DEATH	19					
(IF EITHER NOTIFY MEDICAL EXAMI	21e. PLACE OF INJUR	RY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	wn COUNTY	STATE	
WORK NOT WHILE AT WORK			1, 1		1	7	
22a.l certify that (1) (this ha sow the deceased alive above. (1) (we) (did) (did	~ 1/3//	19 0 ,0	nd that in (my) (our) apinion	death accurred on the do	te and hour and from	_, that (1) (we) lost the causes stated	
22b. SIGNATUR	1. Cal		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F 71	38187	
224 PHYSICIAN'S NAME (TYP	HATRL		22e ADDRESS	evest Rom	Hynttsi	TICHO	
230 BURIAL, CREMATION, REMOV (SPECIFY) Burial	8-3-1987		ton Cemeter	23d LOCATION CITY OR TOWN  y Arlingt	on, Va.	STATE	
24 FUNERAL DIRECTOR			25a. DA1	TE REC'D. BY REGISTRAR	251 REGISTRAR'S SIGN		
Hines/Rinald	i 11800 Nev	Hamp . A	ve.S.S.MOAUL	0 4 1987	Julia Devider	·· Kandalib	

and the transmission of the same and the state of the state of the same of the same for the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 1. DECEASED NAME 20 DATE KNOWN X STYPE OR PRINTI OF Martha Anne Haupt DEATH MATED 19 4 RACE 2d HOUR IF UNDER 24 HR DATE LAST BIRTHDAY) 3:50 PRONOUNCED 87 Female White Feb. 27, 1892 95 DEAD Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) GERMANY GERMANY Prince George's County DIVORCED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12708 Chesney Lane Bowie HOMEMAKER HOME 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's YES NO 12708 Chesney Lane Bowie 20715 15. MOTHER'S MAIDEN NAME FIRST SCHIEMANN AUGUS AUGUSTE ATLAND D 17 INFORMANT 12708 CHESNEY LANE 214-08-9951 NICOLAS MARYLAND ZOTIS 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which chronic myocardial disease. gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to None 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None FARENTI HIS CERTIFICATE

FORWARDED TO THE

TOR: PAGE 3 SHOULD BE

THE STATE DEPARTMENT

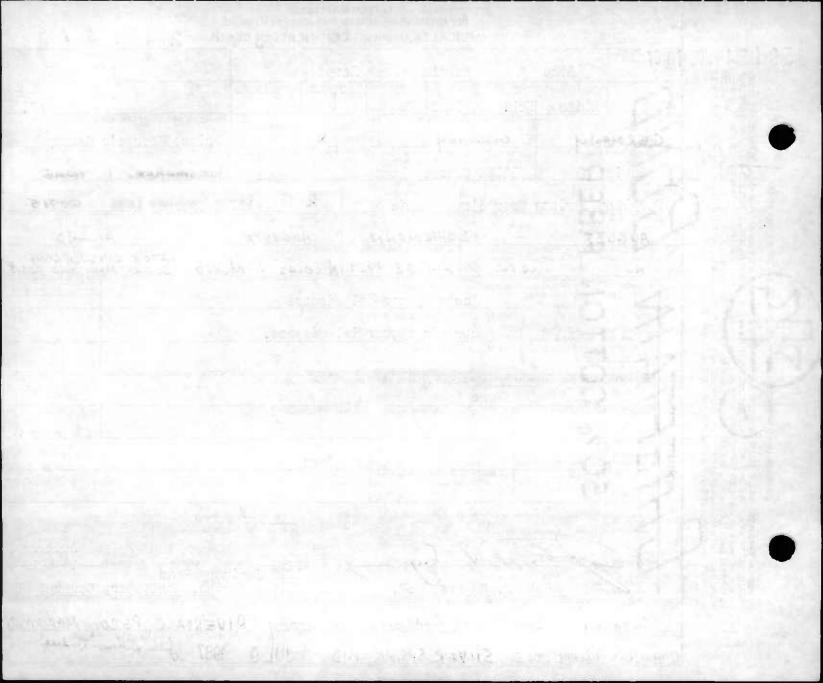
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THE STATE DEPARTMENT

THE STATE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC 1 CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALLIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes X death resulted fram: TITLE (SPECIFY) 7/6/87 Deputy SIGNED 1919 Seminary Road John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD 23a BURIAL CREMATION REMOVAL 23b DATE 256 RECISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



061901 AUG -7.87

STATE OF MAKILAND	STATE	OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

.10		REGISTRAR				CERTIF	ICATE OF DEATH	8 / REG	NQ.	2 3	8	
40	I DE	CEASED NAME	FIRST	/	MIDDLE	Ĺ	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR A.	
ge 3	11111		adeli	ne	E.	Have	nner	July 27,	1987		10:20 M	
mo)	3 SE			RACE		5. DATE C		6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	1F UNDER 24 HRS	
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Pool of Pool	70 BIRTHPLACE (STATE OR FOREIGN 76		L CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	□ NEVER MARRIED □	9 BALTIMORE CITY	OR COUNTY	Y OF DEATH			
deat deat	District of Colum			bia U.S.A. WIDOWEND DIVOR				Prince Georges M				
fter the f	10 C	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN HEACILITY, GIVE STREET		R OTHER INSTITUTION	170 HSUAL OCCUPA	no Ret	126 KIND OF	PG CO	
S. A. S.		yattsville		Sac	red Heart	Home	, Inc.	Housewife		Hom		
4 hau	13a. S	L RESIDENCE (# NURSI	13b. COUN	TY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS				
S E S	_	ryland	P. G		Upper Mar	lboro		8602 Croor	n Rd 2	20772		
with splete	14 FA	THER'S NAME FIRST		NIDDLE	LAST	100	15. MOTHER'S MAIDEN NAM	WE		LAST		
	14 1	Edward	11116 101	TO TORGES	Nesh		Martha	ADD	DECE	Di	ggs	
and o	16a. V	AS DECEASED EVER		WAR OR DATES)	166 SOCIAL SECU		Esther Murra	ADU	4576	Davenpo	ort St.NW	
be m			11/11		217-36-5	390	DOCICE PALLS	Wash.	DC 20			
hysic pope aval.		PART I. DEATH W	1 (Enter only	y one couse per BY:	line for (a), (b), and	d (c).)				BETWEEN	MATE INTERVAL DISET AND DEATH	
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ndini ndini b d	MEDICAL	21d. INJURY OCCURR	ED	21e PLACE	OF INJURY EET, FACTORY, OFFICE, F	ADAL EXC.	21f. LOCATION STREET	CITY OR	IOWN	COUNTY	STATE	
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VDIN Los Use of After Af		22a.l certify that (I)			e deceased from	dep	122, 1954	_ to July	27	1987.1	that (I) (we) last	
spita CTO I far af h		sow the decease above, (1) (we) (d	d alive an _ id) (did not	view the body	after death.	, on	d that in (my) (our) apinion (	death accurred on the	date and hou	or and from the c	couses stated	
OR ha		226 SIGNATURE	1	1.1	()-		DEGREE	MEDICAL 67	455	22c. DATE S		
TAL Y the Y the Y the Adete dete dete dete	- 1	<	3 4	1- 1-	ies			DIRECTOR PHYS	AFF SICIAN [	7-2	7-87	
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T s y Z	23a E	URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION		GARGETY L	CT HAT CO	
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DHMH - 16 60M 7/84	24 FL	INERAL DIRECTOR I	ee Fu	neral F	iome, Inc	•	250 DAT	E REC'D. BY REGISTRA	RIZSE REGIST	LAR'S SIGNATI	adiate.	
(VRA 15, 4)6633	0.	d Alexande	er Fer	ry Rd C	Linton,	Md 20	/35 AUG (	04 1987	4			

STATE OF MARYLAND 062528 AUG 1387 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED NAM 20. DATE OF DEATH MONTH (TYPE OR PRINT) 3. SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTH DAY Black 08 05 1907 26 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH & BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED WIDOWEIXIX DIVORCED Prince George's Maryland NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR O CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Southern Marvland Hospital Homemaker Domestic Clinton SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 1136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Prince Ged Brandywine 17410 Croom Road 20613 Marvland 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Milton Dotson Frances Delanev George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 36 8868 Sarah E. Watson SAA no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 210 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIE EITHER NOTIFY MEDICAL EXAMINER 21e PLACE OF INJURY 21f. LOCATION COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) AT WORK AT WORK 22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive on above (f) and addition view the body after death.

22b. SIGNATURE and the (in frey) (our rapinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR FUNERAL I DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME CLYPE OF PRINT 22e ADDRESS Dr. Richard Dobson Brandywine Waldorf Medical Clinic 0 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Burial Christ UMC Cem Prince Geo. Baden. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)



#### STATE OF MARYLAND

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REG. NO.			

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3 SE	EX	4. RA	ACE	7 1	S. DATE C		6. AGE TINYEA	RS LAST BIRTHDAY)		DER I YEAR	IF UNDER 24
	Female		Black		MONTH 9	24 67			rrs Mont		HOURS
	BIRTHPLACE ISTATE OF COUNTRY)  Wash D		U.S.A.		MARRIEI WIDOWE	NEVER MARRIED DIVORCED		E GEORG			
10 C	CHEVERLY					ITAL CENTER		OR MOST OF WORK		NDUSTRY	vate
USU 130.	JAL RESIDENCE (IF NU	136 COUNTY	13c. CIT	Y OR TOWN	1	134 INSIDE CITY LIMITS?	13e.STREET AD			02	07
14 6	MD.	I PG.	IMt.	. Ran	ier	YES NO NO 15. MOTHER'S MAIDEN NA		Perry	St.	, #	6
	Johnnie Johnnie	MIDDE		Byrd		Lois		WIDDLE		Sy	kes
	WAS DECEASED EVE	R IN U.S. ARMED		CIAL SECUR		17 INFORMANT		ADDRESS			
	NO	N/A	579	99085	26	Joseph Hav	wkins/	3305 P	erry		
	18. CAUSE OF DEA	ATH (Enter only on WAS CAUSED BY:	e couse per line for (	(a), (b), and	191					BETWEEN	MATE INTERV
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DHMH - 16 60M 7/84 (VRA 15, 4)

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	77	FOR STATE GISTRAR				CERTIF	E OF MARYLAI EALTH AND M ICATE OF DI	ENTAL HYG	3 /	REG. 1	10.	2	9	1
(	T. DEC	CEASED NAME	RALPH		L	ı	HAYNES		20. DATE	OF DEATH	MONTH 07	16	YEAR 87	26 HOUR 12 35P
	3. SEX	MALE		4 RACE BLACK		S. DATE C		34	5	(IN YEARS LAST B	YR:	MONTH 5.		IF UNDER 24 HRS
	(	RTHPLACE (STATE OR F COUNTRY) SISISSIPP		76. CITIZEN OF	• A	MARRIEI WIDOWE	NEVER M.	ARRIED   ORCED		MORE CITY			DEATH	MD
	OCH	TY OR TOWN OF DEA	тн	PR'INCE	GEORGE ST	HOSP	R OTHER INSTI		(TYPE OF	AL OCCUPA WORK FOR MOST		GLIFEI IN	DUSTRY	of BUSINESS OR ernment
	13a. S Ma	ryland	136 COUN	G.	136 CITY OR TOWN Hyatts	٧ .	1000		13e.STRE 53		/ ZIP CO	Peak	e Ro	1. 20781
4		THER'S NAME Calmadge		MIDDLE	Hayne	es	Elnoi		ME	MIDDLE			Wins	Ston
1	()	VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? 4-12/5	7 426-58		7 Bet	ty Je	ean :	Hayne	2 53			sapeake
0	CERTIFICATION	Conditions, if any, gave rise to imm course to statist underlying cause	which rediste g the last.	DUE TO, OF DUE TO, OF ONDITIONS OF	DUE TO, OR AS A CONSEQUENCE OF A DUE TO, OR AS A DUE					ASTOR CON		YES, WE	RE FINDIN	NGS USED OF DEATH?
7	MEDICAL CERTIF	21s. ACCIDENT WAS UND ON CONTRIBUTING CO OF ETHER NOTES MORE 21st INJURY OCCURS	AUSE OF DEA	HOUR AJ	M. MONTH DA M. DE INJURY	19	211 HOW BYJE		YES [	R HATURE OF PU	11001000		SINITE S	NO []
	M	27s I certify that (I) saw the decease observe (II) she i d	this hospi	tal) attended the	diceased from 19	7/19	d that is (my)	19 M	death acc	1/16		19_	from the	
1		374 PHYSICIAN'S NA LEWIS DEN			en	V	22e ADDRESS	TENDING STREET		OR PHYSI	CIAN	_	SPR	ING, MD
	(	BURIAL, CREMATION,	REMOVAL		20,1987		EMETERY OR CE			OCATION CITY OR TOWN		cou		STATE
		urial UNERAL DIRECTOR J.B. Jen	kins		ADDRESS TRACE	7474	Landov	PET JUL	E REC'D. E	entwo By REGISTRAI 1987	R 256 REG	ISTRAR'S	S SIGNAT	Md .

DHMH - 16 60M 7/84 (VRA 15, 4)

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	10 10 17	
	mark and a second	
		981 (16)

#### STATE OF MARYLAND 9630 Ju DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 20. DATE OF DEATH 7b HOUR 07-07-87 Neil IF UNDER ! YEAR 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX Male White October 3, 1928 58 To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Washington, D.C PRINCE GEORGE'S COUNTY U.S.A. WIDOWED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION 126 KIND OF BUSINESS OR Planner MCD OF WORKING LIFE) INDUSTRY Naval CHEVERLY PRINCE CENTER **Estimater** Weapons Center USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION, P.G. Lanham 13e STREET ADDRESS / ZIP CODE 7314 Powhatan Street 20706 Maryland 15. MOTHER'S MAIDEN NAME Joseph Hill Lydia Suit AP394 Powhatan Street 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO NO OR UNKNOWN 577-34-1932 B. Lucille Hill (Wife) Lanham, Maryland 20706 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 776-SIGNATURE DEGREE 77c DATE SIGNED STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

DHMH - 16 60M 7/84

4\_FUNERAL DIRECTOR (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

07/10/87

23c. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

Suitland P.G

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

	11-10-50 OF-51-11	# 35 2 19	801 53 700
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE HEGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE	PEATH 2 REG. NO.	4 4
60484 JUL:	23:87 ASED NAME	FIRST	MIODLE	LAST	26. DATE KNOWN MOP	NIH DAY YEAR 26 HOU
Y, PITAGE IRECTOR UR FILES. N STREET,	1 SEX 4 RACE	Robert. S. DATE OF BIRTH MONTH DAY Sian Sept 7,	YEAR LAST BIRTHDAY) MC	HOLLOWELL UNDER 1 YR. IF UNDER 24 I	HRS. 20 DATE MON	13 <sup>19</sup> 87 10 DAP YEAR 24 HOU
THE ALL	Male Cauca  70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	RRIED NEVER MARRIED	- 9 BALTIMORE CITY OR CO	UNTY OF DEATH
DESCRIPTION OF THE PERSON OF T	North Carolina	USA	WIDE	OWED X DIVORCED	□ Prince Geor	
TENDER 14	Cheverly	(HE NOT IN SUCH EA	SPITAL, NURSING HOME, OR CACILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
F AND 3 TO SETAIN SETAI	WELLAL RESIDENCE IF IN NURSING		Seorges General NE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Kensington	13d. INSIDE CITY LIMITS? 13e	524 East Bexhil	l Drive 20895
MORE, MD R DEATH AGES 1, 2 RM PM 3 1, ND 2 2 1, ND 2 3 1, ND 2 3 1	Thomas	Curtis J.S. ARMED FORCES?	HOLLOWELL	15 MOTHER'S MAIDEN N FIRST  COTA  17 INFORMANT	Louise	Logan
SALTIN GIVE P PAGES VISION		YES, GIVE WAR OR DATES)	212-24-4297		ells/daughter so	ame as 13
201 W. PERTON ST., UTED WITH 24 HOUR UTED WITH 24 HOUR EXCHIELE ACONG W RIAN, TREMIT ON, OR REMOVAL	PART I DEATH WAS	which nediote (b)	e for (o), (b), and (c).)  Multiple Inju  R AS A CONSEQUENCE OF	vries		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATI
VITAL RECORDS SHOULD BE EXE CORD: "PENDING" CHIEF MEDICAL BUSE AS A BUSE TO FHEATH AN BURRAL, CREMAT	190. DATE OF OPERATIO	N 196. CONDI	BUT NOT RELATED TO THE TERMINAL DIS	I WAS PERFORMED?		20 AUTOPSY?  YES ST NO
DIVISION OF  DIVISION OF  NER: THIS CERTIFICATE  CATE, WRITING THE V FORWARDED TO THE FORWARDED TO THE THE STATE DEPARTMENT AND, 21201 PRIOR TO	UNDERLYING OR CONTRIBUTING CAU 214 INJURY OCCURRED WHILE NOT WH AT WORK AT WORK  220 I certify that I too	SE OF DEATH 1 . 134  The PLACE STREET, FACE  K charge of the remains de:	A. MONTH DAY YEAR A. 7 131987 DF INJURY (ATHOME. 211 TORY, FARM. ETC.) Rt scribed obave, held on Au	river of auto		COUNTY STATE
TO MEDICAL EXAMI EXECUTE THE CERTIFIE PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH- BATTIMORE, MARYLU,	ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  230. BURIAL, CREMATION, REM	Mario F. Goll	e, JR., M.D.	TITLE (SPECIFY) AssistantADDRESS111_Pe	MEDICAL EXAMINER SK  nn St., Balto. M	TE 7-15-87 Id. 21201
07/84 BP	Burial		87 Ft. Lincol		Brentwood Prince	Georges MD

DHMH - 17 (VR A15 ME (5))

<sup>24</sup> FUNERAL DIRECTOR Francis J. Collins, Jr.

500 University Blvd., W Silver Spring, MD 20901 [11] 22 1987

ABR SE HUS

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it should be detached for use as the burial-transit permit. Then please remove carbotypapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 1	- 3	21	1
2 1	Com	200	
REG NO			

Ш	1, CREGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	DECEASED NAME FIRST		MIDDLE	i	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
L	(TYPE OR PRINT) MICHAEL	I	ERNARD	HOOPE	R	June 25,	1987		4:00 A <sub>M</sub>
3	. SEX	4. RACE		S. DATE C		6 AGE LINYEARS LAST BIR		UNDER FYEAR	IF UNDER 24 HRS
L	Male	White		Nov	2 1953	33	YRS		HOURS MIN.
17.	e. BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNT	RY?	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O	FDEATH	
1	Maine	U.S.A		WIDOWE	DIVORCED	Prince Ge			MD.
	CITY OR TOWN OF DEATH  Lanham	(IF NOT IN SUC	H FACILITY, GIVE ST	RSING HOME C REET ADDRESS) E Pr. G	eo. Co.	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF UNKNOWN		126. KIND OI INDUSTRY Unkno	BUSINESS OR
	19	r other institution NTY London	GIVE RESIDENCE BE 13c. CITY OR T <b>Groton</b>	OWN	13d. INSIDE CITY LIMITS? YES 🐧 NO 🗌	13e.STREET ADDRESS . 21 Donna I		966	340)
14	Bernard	MIDDLE I.	Hoope	r	15. MOTHER'S MAIDEN NA Margaret	MIDDIE	Hel	fen (AST	
16	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SI 047 50		Bernard L. He	ather ADDRE		e as #	13
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OI  DUE TO, OI  DUE TO, OI  (c)	RAS A CONSE	Shiple QUENCE OF	Organ alcohol	failure Sm.	DITION GIVEN	6	MATE INTERVAL
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOTE:	206. IF YES, WIN CERTIFYIN	VERE FINDIN	GS USED OF DEATH?
		HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	1 OR PART 2]	
	OR CONTRIBUTING CAUSE OF DE CIFETTHER, NOTIFY MEDICAL EXAMINE!  VIIIE THER, NOTIFY MEDICAL EXAMINE!  VIIIE NOT WHILE AT WORK AT WORK	21e PLACE (	OF INJURY EET, FACTORY, OFFI	ICE FARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) I did) (did no 22h, Signature		7.5	9 <u>8</u> 7.or	nd that in (my) (our) opinion DEGREE	death accurred on the de	te and hour a	7	
1	22d PHYSICIAN'S NAME (TYPE	andle	sem	no		MEDICAL STAI DIRECTOR PHYSIC Greenway C		1619	18E
	DORA M. MA		E, M.D.		1323	nbelt, Md.		ν.	
2:	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	June 2		Calais	EMETERY OR CREMATORY Cemetery	23d LOCATION CITY OR TOWN CALAIS	í	Maine	STATE
2	Devol Funeral	Home	Wasi	Wiscon Sington	D.C. 250 DA	TE REC'D. BY REGISTRAR	25b. REGISTRA	E'S SIGNAT	Hendalth

99 9 PHMAP 16 60M 7/B4

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EVAMINED/C CERTIFICATE/OF DEATH

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6	RES. NO.	

1	034 -	JUL		STRAR		MEI	DICAL EXAMII	VEK 3 C	EKTIFICATEC		RES. NO	_	-
	ASE OR: LES.		(TYPE	CASED NAME OR PRINT)	Marsh		MIDDLE	for		OF DE A	E KNOWN E ESTI-	17/24	1 87 hour
	N 15 PE		S. SEX	Take Il	Thate ,	DATE OF BIRTH	1925   62	DAY) MONTH	DER 1 YR. IF UNDER	MIN PRONC	ATE DUNCED AD	3/24	87730
	NA SER	3	FOR	THPLACE (STATE) EIGH COUNTRY) irginia	DR I	U.S.A		R MARRI WIDOW	ED NEVER MARR	IED	ince Ge		OF DEATH
	MARKET STATES	0	IO. CIT	Y OR TOWN OF		11. NAME OF HOS	PITAL, NURSING HONCHITY, GIVE STREET ADDRESS!	911		120 USUAL OC	CUPATION (TYP WORKING LIFE) ruck Dr		KIND OF BUSINESS OR INDUSTRY  Trucking
21201	10		USU A	RESIDENCE (IF IN	NURSING HOME OR	OTHER INSTITUTION, GR	13c. CITY OR TOWN	SION)	13d. INSIDE CITY LIMITS?				
AD. 21	一点の記念	3		ryland THER'S NAME	Prince	e George	Temple Hi	11s	YESXX NO  15. MOTHER'S MAID!	3940 B	exley P	1. #91	L
ORE,	G S S S S S S S S S S S S S S S S S S S	0		oseph		Α.	Horner		Vella				rish
ALTIMO	AFTER SIVE PA TH FOR AGES I	1	16a. W (YE	AS DECEASED EV S. NO, OR UNKNOWN) Yes	VER IN U.S. ARMI		166 SOCIAL SECURI 223-22-44		Vella Pe	rkins <sup>26</sup>	00 Keat emple H		%d.#103
RDS, 201 W. PRESTON	XECUTED WITHIN 24 H WG" IN PENCIL IN ITEM 34L EXAMINER ALONG BURIAL TRANSIT PEN AND MENTAL HYGIEN		,	gave rise cause (a) sta lying cause la		(b)_ DUE TO, OR	AS A CONSEQUENCE	E OF	E OR CONDITION GIVEN IN PA				
F VITAL RECORDS	RO PEND HIEF MED USED AS	2	CERTIFICATION	19a, DATE OF OP	ERATION	19b. CONDIT	ION FOR WHICH OPE	RATIONW	AS PERFORMED?			2	D AUTOPSY?
DIVISION OF V	ERTIFICATE SING THE WORLD	3	CAL	210 EXTERNAL C UNDERLYING CONTRIBUTING 210 INJURY OCC	OR CAUSE OF DE	21e PLACE C	MONTH DAY YEA  19  OF INJURY (ATHOME,	211 LÓ	OW INJURY OCCURRE	ED (ENTER NATURE O	F INJURY IN ITEM 18	PART 1 OR PART 2)	
P	WARDE WARDE PAGE 3 TATE D		W	WHILE AT WORK	OT WHILE T	STREET, FACT	ORY, FARM, ETC.)	S	TREET	CITY OF	RTOWN	COUNTY	STATE
)	MEDICAL EXAMINER: CUTE THE CERTIFICATE FOR A SHOULD BE FOR I FUNERAL DIRECTOR: FOR EVERT HE STANDARD FOR EVERT AND			220. I certify the death resulted for ACTUAL SIGNATURE CEXAMINER'S NAI (TYPE OR PRINT)	Augu	ale A	cribed obove, held on Accident , S	Autop:	homicide	Undetermined  MEDICAL EX	Manner .		7-2587
7/84	Bb		(SF	RIAL, CREMATION		7/27/87	23c. NAME OF CE			23d LOCATIO CITY OR TOWN Suit1	1	G. M	arvland
5M	DHMH - 17 (VR A15 ME (5)	))	24. FU	NERAL DIRECTOR	R	,61.6	0 Oxon Hil	1 Rd.	250. DATE	2 8 1987	TRAR 256 REGI		VATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20 DATE KNOWN 76 HOUR (TYPE OR PRINT) OF ESTI-7-18-87. DEATH MATED **ADOLPHUS** HOWARD 4 RACE 3 SEX DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE 2d HOUR 28 VO PRONOUNCED MALE BLACK DEC 58 7-18-8719 B:51A DEAD O. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED U.S.A. WASHINGTON D.C. Prince George's County DIVORCED D CITY OR TOWN OF DEATH IT NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 3030 Brightseat Road FOR MOST OF WORKING LIFE)
NONE OR INDUSTRY Landover NONE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1026 45th STREET N.B. WASHINGTON D.C. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE **ADOLPHUS** HOWARD PAULINE SHORTS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 1026 45th STREET N.E.#204 WASHINGTON D.C. 166. SOCIAL SECURITY NO. 7. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-84-3360 IRIS HOWARD no CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Multiple gunshot wounds of head and neck IMMEDIATE CAUSE (o) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER. FOR FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSI PERFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYCLAS ABURIAND MENTAL HYCLAS BALL MONEY, CREMATION, OR REMOVA DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES S NO [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING AOR
CONTRIBUTING CAUSE OF DEATH ? P.M. 7-18-870 shot in auto by unknown assailants) 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC. WHILE AT WORK 3030 Brightseat Rd. Landover, Maryland street 220. I certify that I took charge of the remains described above, held an Inspection Inquiry Autopsy and in my opinion Hamicide X Undetermined manner death resulted from TITLE (SPECIFY) ACTUAL 7-18-87 SIGNATURE MEDICAL EXAMINER Smialek, M.D. EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY LANDOVER 7-23-87 HARMONY CEMETERY P.G. BURIAL 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ROLLINS FUNERAL HOME. INC. **DHMH - 17** NAME Mulis Davidson Randale 3 1 1987 (VR A15 ME (5)) 4339 HUNT PLACE, N.E. WASHINGTON, D.C. 20019

er de la companie de

1	FOR STATE REGISTRAR
Ž,	CENCED NAME

22b. SIGNATURE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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.,	6-a	Distance of the last	-
REGENO.	6-0		

Anne

Jones

IF UNDER I YEAR

INDUSTRY

Own Home

12b. KIND OF BUSINESS OR

Bridge

above

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO []

STATE

. that (I) (we) lost

20. DATE OF DEATH MONTH

AGE IN YEARS LAST BIRTHDAY

12a USUAL OCCUPATION

Homemaker

20a AUTOPSY?

/ MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

ATTENDING

9131 Viscataway

NO

CITY OR TOWN

STAFF

100

BALTIMORE CITY OR COUNTY OF DEATH

Prince George

(TYPE OF WORK FOR MOST OF WORKING LIFE)

13e.STREET ADDRESS / ZIP CODE

MIDDLE

Queen

87

					750.9	/
0	6	0	2	3.3	JUL	23

Nanne 3 SEX 5 DATE OF BIRTH Black To BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? I STATE OF FOREIGN MARRIED NEVER MARRIED 4 SA USA Md. WIDOWED X DIVORCED IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Clinton USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 113c. CITY OR TOWN 113d. INSIDE CITY LIMITS? Md -P.G. Upper Marlboro YES T NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Tilghman James E. Liza 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Laura Shorter-Same as # 13 the 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY: Cardio bellmonas IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF pernaturus Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Dehydra PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM ETC 1 AT WORK NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

MIDDLE

		ATE S	IGNE	D
	111.0	AIE:	JUNE	0
	7	4	18	7
- 1	- 1	1	1-	-

206. IF YES, WERE FINDINGS USED

COUNTY

YES T

IN CERTIFYING CAUSES OF DEATH?

BI	_	-		_
DHMI	н -	16	60M	7/84
	(VR	A I	5. 4	)

230 BURIAL CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY HARMONY MEM. INKX

22e ADDRESS

DEGREE

ANDOVER

24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S MANE LASHINGTON + SONS 4925 BURROUGITS AVER

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FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

-		REGISTRAR		CENTIFIC	ATE OF DE	AIN O	REG. NO	).			
		CEASED NAME PRINT) MARY	Josephine	HUBI	ER		20 DATE OF DEATH	07 17	7 87	7:55PM	
	3 SEX	(	4. RACE	5. DATE OF E	BIRTH		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
		Female.	White.	oct.	. 17,	1909	77	YRS	ONTHS DAYS	HOURS MIN	
2	Oh	RTHPLACE (STATE OR FOREIGN COUNTRY)	U. S. A.	MARRIED (	NEVER MA	ARRIED D	PRINCE GEO	RGES C	OF DEATH COUNTY	MD	
	(	TY OR TOWN OF DEATH CHEVERLY	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET ) PRINCE GEORGES	HOSPITA			120 USUAL OCCUPATION OF T			Retired.	
	13a. S	d. 136. COUNTY	G. Co. Hyattsv	7111e 3		10 🗆		zip code ns Cl	napel	0782 Rd.82	
		illiam L.	Beasley.			C. MC	Gough.		LAS	T	
	16a W		MED FORCES? 166 SOCIAL SECUI (E WAR OR DATES) 177-09-		Flore		Edgewat McFadde		30 <sup>2</sup> B	37 <sub>Dr</sub> .	
		18 CAUSE OF DEATH (Enter only one couse per line to (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) PREU MONIQ. T Dehydrofion.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  UE TO, OR AS A CONSEQUENCE OF									
	NOI		conditions contributing to d	11	COLOL	O THE TERMI	NAL DISEASE OR COND	/	-		
3	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION V	VAS PERFOR	MED	200 AUTOPSY?  YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?	
7		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	te HOW INJE	JRY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18 PAI	RT   OR PART 2)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21	I LOCATION STREET	1	CITY OR TOW	IN	COUNTY	STATE	
		220.1 certify that (this hospi	tol) attended the deceased from	Apri,	hot in (my)	19 <u>87</u> our) opinion d	eoth occurred on the do	17 , 1 te ond hour		the (we) lost couses stated	
		226. SIGNATURE	Fulf	DEC /º 9	GREE AT	TENDING HYSICIAN	MEDICAL STAFI	AN []	224. DATE 7	SIGNEY 18/87	
		Steart Tur	Kewitz	27	e ADDRESS	7500	belt, the	1.20	Catr. 770.	Dr. #430	
	234/1	Burial.	236. DATE 236. N July 20, 198	AME OF CEM			23d. LOCATION CITY OR TOWN		COUNTY	STATE	
	X	AND TO TOTAL	Takoma Eune 254 Carroll S	ral H		nc.	m. Pk. He REC'D. BY REGISTRAR 2	1 1 2	AR'S SIGNAT	1 .	

DHMH - 16 60M 7/84 (VRA 15, 4)

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Later 10, 1957 | Liller May 17 Age 17 Activitions of Party

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MPORTANT: If Hem 21 is marked or Hem 18 shows

# STATE OF MARYLAND

STATE OF MAKILAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	O

	1 -	FOR STATE			DEPARTA			MENTAL HYGI	ENE			
11 11	17	REGISTRAR				CERTIF	CATE OF I	DEATH	REG. N	3	2 3	U
JUL		OR PRINTI	FIRST		MIDDLE	17	AST		20. DATE OF DEATH	HINOM	DAY YEAR	2h HOUR
	,		KIM		J	- 1	HUNTER	84		07	06 87	4 56P M
	MALE			4 RACE		5. DATE O			6 AGE (IN YEARS LAST BIR	HDAY)	MONTHS DAYS	
				BLAC	CK	10	29 <sup>DAY</sup>	57	29	YRS.		HOURS MIN.
1	7a BI	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	HAT COUNTRY? 8 MARRIED   NEVER MARRIED			9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
/		Wash. D.	C.	U	SA	WIDOWE		VORCED [	PRINCE	GEORG	E'S	MD.
4	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTIO  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  PRINCE GEORGE'S HOSPITAL CENTE						(TYPE OF WORK FOR MOST OF WORKING LIFE)  Unemployed					
5	USU/ 13a. S	AL RESIDENCE (# NURS TATE Md.	13h COUN Pr.	Geo	GIVE RESIDENCE BEFORE  134 CITY OR TOW  Landove	N I	13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS /	zip con	en Dr.	/ 20785
1	14. FA	THER'S NAME	12.00				15. MOTHER	S MAIDEN NAM	E			
		Charle	s H.	Hunte	r, Jr.			Mary Mary	Griffin		LA	AST
1		VAS DECEASED EVER		MED FORCES?			17. INFORMA		ADDRE			- N
		No	(# 123, 017	E WAR OR DATES)	215-76-	1230	Mary	G. Hun	ter (Moth	ner)	same	as #13
, ,		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	ly one couse per D BY: E CAUSE (o)	PULMONAL	RY EDE	EMA				APPRO BETWEEN	XIMATE INTERVAL ONSET AND DEATH
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5	Conditions, if ony, which gove rise to immediate											
		couse (o), stofing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF RENAL INFARCTS										
		PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO L	DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CON	DITION GI	VEN IN PART 1	la
2	NO O	HEMOGLOBIN S-C DISEASE										
9	CERTIFICAT	19a DATE OF OPERA	ION	19b. COND	ITION FOR WHICH	OPERATION	WAS PERFO	DRMED	20a AUTOPSY?	IN CERT	S, WERE FIND IFYING CAUSE ES	INGS USED S OF DEATH?
9	_	21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	TH HOUR A.	M. MONTH DA	AY YEAR	21c HOW IN	JURY OCCURRE	ED (ENTER NATURE OF INJUR	TY IN ITEM 18	PART I OR PART ?)	
	MEDICAL	21d INJURY OCCUR	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC.)	211 LOCATION STREET	NC	CITY OR TO	WN	COUNTY	STATE
5 - 7		22a.1 certify that (1) sow the decease obove, (1) (we) (c	ed alive on	7-	10 10 5	5 7 on	d that in (my)	(our) opinion de	eoth occurred an the do	Gate and ho	, 19 8 /	, that (It (we) lost e causes stated
		226 SIGNATURE		A	oner deom.		EGREE	- 1-10/1-1		M	22c. DAT	E SIGNED
	-	2.	de	all				ATTENDING PHYSICIAN	MEDICAL STAF		7-	8-81
		27d PHYSICIAN'S N	CID)	7 el	Dall	1	22e ADDRES	66	Elt cl	eve	Jely,	ND.
2	23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	NAME OF CE	METERY OR	CREMATORY	23d. LOCATION		2010	STATE
		Buri	al	7-14-	87 Ha	rmony	Mem.	Park	Landove:			
	24 FL	JNERAL DIRECTOR						25a. DATE	REC'D. BY REGISTRAR	25b. REGIS	ARAR'S SIGNA	WAS LOVE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

George R. Snowden

Rockville, MD

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DEPARTMENT	OF	HE	ALTH	AND	MENT	AL	HYGI

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DATE	OF DEATH	MONTH	DAY	YEAR

00		1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE						
06	1066 JUL	29	STATE BEISTRAR		CERTI	ICATE OF DEATH	3 / REOR	0	2 3	1
		1. DEC	EASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
	ge 3 eoth	TYPE	PAULINE	L.	Hu	TTOM		7 21	6 87	6.15PM
	od od	3. SE		4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BE	THDAY)	UNDER I YEAR	IF UNDER 24 HRS
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	Verhing to	10 CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME		120. USUAL OCCUPAT			
102	tied to the contract of the co	C	INTON	SOUTHERM	M.D	ItOSPITA!	Secretar			A Scheil
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AN				ince Gep For	estvi	+teg NO D	5907 Ken	tucky	Ave	20747
BALTIMORE, MARYLAND 2120	and 2	14. FA	THER'S NAME FIRST HOWARD	Lewis		15. MOTHER'S MAIDEN N	MIODIE		Moore	
RE,	ond cor		AS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE	ECURITY NO.	17 INFORMANT	<b>60</b>	06 Tol	ov Dr	ive
TIMO	S. Pog	1,	No No	577-01	-3726	Woodrow I		mp Sp	rings	, Md.
BAL	ysicii poper bvol. nt, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per (ne for (o), (b),	- 1 -	Arront	20001		BETWEEN O	MATE INTERVAL ONSET AND DEATH
IST.	ng pl bong			ATE CAUSE (0)	ration	1101-1	1 160			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	signed hen pl to buri	N	PART 2. OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING	TO DE ATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR COM	IDITION GIVE	N IN PART 10	0
COR	been mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES,	WERE FINDIN	NGS USED
AL RI	he le los hos hos hos hos hos hos hos hos hos h	TIF					YES NO	YES		NO [
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D	(VRA 15, 4)		Funeral		i + lan	d. Md JI	17 5 B21	Julia D	cardon.	Condallo

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Funeral Home

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 4 RACE IF UNDE 6 AGE (IN YEARS R 1 YR IF UNDER 24 HRS DATE DAY LAST BIRTHDAY PRONOUNCED DEAD BIRTHPLACE CITIZEN OF WHAT 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED Georges 126 KIND OF BUSINESS O CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Y'Armer AL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION I STATE CITY OR TOWN 13d INSIDE CITY LIMITS? FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST ALIDDE F 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT MAPLE LAWN FARM (YES, NO, OR UNKNOWN) LIF YES GIVE WAR OR DATEST FULTON CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) APPROXIMATE INTERVAL W. PRESTON ST. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ATO **FUNERAL DIRECTOR:** PAGE 3 SHOULD BE USED AS A BURIAL - TRANSII AFTER DEATH **WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL DEPARTMENT OF MEALTH AND MENTAL HEALTH HEALTH AND MENTAL HEALTH AND MENTAL HEALTH AND MENTAL HEALTH AND** Conditions, if any, which gove rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED DENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC ) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Inspection D Autopsy Natural couses death resulted fram: Accident Suicide Homicide L Undetermined monner TITLE (SPECIFY) **ACTUAL** SIGNATUR MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY

07 84 25M

**DHMH - 17** 

(VR A15 ME (5))

24 FUNERAL DIRECTOR

COUNTY STATE mD

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Amir (D) Jangali Robert DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR. 4 RACE IF UNDER 24 HRS. 5. DATE OF BIRTH DATE PRONOUNCED April 29,1950 White Male To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY U.S.A. Iran DIVORCED Prince George's County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE Salesman Beltsville 3014 Duncan Dr. 13e STREET ADDRESS Maryland 113h COUNTY 13d INSIDE CITY LIMITS? Prince George 4806 Grid Street Bowie 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Djangali Mahmoud unavailable 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT 577-79-6242 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wounds of head & chest (unspecified wearon) DUE TO, OR AS A CONSEQUENCE OF EXECUTED WITHIN ING" IN PENCIL IN Canditians, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD "PROBE 4 SHOULD BE FORWARDED TO THE UTILITY OF CHURRAL DIRECTOR: PAGE 3 SHOULD BE USED AGREE DEATH, WITH THE STATE DEPARAMENT OF HE BAUTIMORE, MARYLAND, 21201 PRICK TO BURIAL 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR XX. MONTH DAY YEAR UNDERLYING TOR Subject was shot. CONTRIBUTING CAUSE OF DEATH 6:55.M. 7-2-19 87 21e PLACE OF INJURY CATHOME 21f. LOCATION 214 INJURY OCCURRED AT WORK AT WORK STREET, FACTORY, FARM, ETC.) house 22a. I certify that I took charge of the remains described above, held an Inspection Homicide X death resulted from: Natural causes Accident TITLE (SPECIFY) M D Assistant EXAMINER'S NAME William M. Zane, M.D.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Pamela Jayne Jangali - Same as APPROXIMATE INTERVAL 20 AUTOPSY? YES 🔀 NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN 3014 Duncan Dr., Beltsville, Prince George's, MD and in my apinian Undetermined manner 7-3-87 MEDICAL EXAMINER 111 Penn St., Balto., MD 21201 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Alexandria Metropolitan Crematory Fairfax Va 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE when Davidson

19 87

19 87

126 KIND OF BUSINESS OR INDUSTRY

Carpet Co.

24 HOUR

DHMH - 17

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1 - STATE 17

REGISTRAR

(VR A15 ME (5))

TYPE OR PRINT

Cremation

THE BURIAL CREMATION REMOVAL 236 DATE

7/7/87

DeVol Funeral Home

Washington, D.C.

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Maryland Prince George Boule

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	0 04	7		OR PRINT)							7EAR	
	bod dec		3. SEX	William	Edward  14. RACE	- 1	DATE OF	FRIES	July 28,		JNDER 1 YEAR	7:00P M
	4 offe		V. OL.	Male			MONTH	DAY YEAR			THS DAYS	HOURS MIN.
	Page	01	7n BH	RTHPLACE (STATE OR FOREIGN	Black		Jecell	ber 21,1927	9 BALTIMORE CITY O	YRS.	DEATH	
	eoth.	20	C	ountry) orth Carolina	United State	1	MARRIED	NEVER MARRIED DIVORCED XT		ince Ge		S MD.
	fter d	379	16. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	JURSING H	HOME OF		12a USUAL OCCUPATION		12b. KIND O	F BUSINESS OR
201	o sun	12-	112114	Lanham	Doctors' Hos	pital	Lof	Pr. Geo. Co.	Construction		er/Cor	nstructio
ND 21	24 ho	20	130 S	RESIDENCE (IF NURSING HOME OF TATE 136 COULT TATE 136 COULT TATE	NTY 13c. CITY O		- 1	13d. INSIDE CITY LIMITS? YES XX NO	13e STREET ADDRESS / 2302 Radia		Ve : (	27215)
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MAR	alde ond	120	7		lph Jeffr			Octavia Ha	rvey Chavis		LAS1	
SE,	ed co	lo medicol		(IF YES, GI	RMED FORCES? 166 SOCIA	LSECURIT	Y NO.	17. INFORMANT 101	"O" Street,	Southw	rest	
IMC	L 8 8 8		Ye	es/Army	240-4	0-937	77	Robert E. Je				.C.20024
BALI	ne ote	1		18 CAUSE OF DEATH (Enter or	nly ane cause per line for (a),						APPROXI BETWEEN C	MATE INTERVAL DINSET AND DEATH
ts	mile mile mile on p	1 2		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	CARI	DIAC	- ARREST				
PRESTON ST	Examine	4 6			DUE TO, OR AS A CON	SEQUENC	CE OF		N =			
REST	H O T	1 3 a		Conditions, if ony, which gave rise to immediate	(b)	ESP.	11CH	TORY FA	ILUNCE			
×	E E E	100	,	cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENC	CE OF			1- Car		
102	in the	-	R		( (c)							
50	Medi	200	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTIN</u>	G TO DEA	ATH BUT N	OT RELATED TO THE TERM	NINAL DISEASE OR CONE	ITION GIVEN	IN PART 110	
RECORDS	V	IT	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF								GŠ USED
38 11	D 0 1 10	1	TIFIC	THE MEDICAL PROPERTY.	YES NO NO	IN CERTIFYIN	G CAUSES	OF DEATH?				
VIII	N T N T		CER	210. ACCIDENT WAS UNDERLYING		H DAY	VEAD	21c. HOW INJURY OCCUR		Y IN ITEM TO PART	I OR PART 2)	
90	and and	11	S E	OR CONTRIBUTING CAUSE OF DE	AIR.	II DAI	19					
DIVISION	PHYS PHYS PHYS PHYS PHYS PHYS PHYS PHYS	6 6	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	OFFICE FARM		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
DIVE	M 95 15	orke	<	AT WORK NOT WHILE AT WORK								
	N 10 00 00 00 00 00 00 00 00 00 00 00 00	0 10		220.1 certify that (I) (this hosp			2 50/	y 28 19 84	_ 10 July 2			hat (1) (we) last
	Had Day	2 2		obave, (1) (we) (did) (did no	ot) view the body after death.	19_07		I that in (my) (our) opinion	death occurred on the do	te and haur or		
	の 元 高 から	1 1		22b. SIGNATURE	D.		DI	EGREE ATTENDING	_ MEDICAL STAF	F	22c DATES	SIGNED
	PAL PAR	2 -		Steven	a Kluis	en		PHYSICIAN [	DIRECTOR PHYSIC	IAN	114	218/
	450 M P P	11/		22d. PHY ICIAN'S NAME (INC.) STEUE		FAI		210 ADDRESS	Luck Rd	Lan	ham	mD.
1	040	3	220 0			- 1	AF OF C					20706
(11	16660	11	230. B	URIAL, CREMATION, REMOVAL BURIAL	08/02/87	Mart	in's	METERY OR CREMATORY Chapel Bapt Cemetery	ist CITY OR TOWN	orth Ca	roll in	STATE
11	1777		24 FU					Cemetery 730 DAI	E REC'D. BY REGISTRAR	1, Alama	nce Co	ounty,
	DHMH - 16 60			NAME ROBIN	ISON Funeral H	ome,	inc.	110	GO3 1087	gulia L	ruges.	Kandalla

DH MH - 1/6 60M 7 (VRA 15, 4)

AUG 0.3 1987 0 - Limin Bullan

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A TEGISTRAR				CERTIF	ICATE OF DEAT	LH 8	/ R	EGENO.	2	5	2	
DECEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DE	ATH MONTH	DAY	YEAR	26 HOUR	
TYPE OR PRINT)	John	Hanson	JENNINGS	915			July 12	, 1987			11:3	5am
SEX		4. RACE		5. DATE C			6. AGE (IN YEARS	LAST BIRTHDAY)	IF UND	ERIVEAR	IF UNDER 2.	
Male		Cauca	sian	OCT	22, 1898	YEAR	88	YR		DAYS	HOURS	MIN.
BIRTHPLACE (STATEO	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	DE NEVER MARR	#FD []	9 BALTIMORE	CITY OR COU	NTY OF D	HTA	1 11	
Virginia		US.	Α	WIDOWE			D .	0		0000	done	AAD
CITY OR TOWN OF D	EATH		HOSPITAL, NURSIN	•			Prince			Cour	F BUSINES	MD.
Lanham		(IF NOT IN SU	ICH FACILITY GIVE STREET	ADDRESS1	Pr. Geo.		(TYPE OF WORK FOR	MOST OF WORKIN	G LIFE) IN	DUSTRY		
Inanham:		AMI Doo		-	ri. Geo.		Machini	S G: GDA	. Ua	GOV	ernme	ent
SUAL RESIDENCE (IF NO STATE Maryland	Pr.G	other institution nty eorge !s	N, GIVE RESIDENCE BEFORE  134 CITY OR TOWN  BOWLE		13d. INSIDE CITY LI		13e.STREET ADD			rn Ro	nad 20	0715
FATHER'S NAME					15. MOTHER'S MA				20102		rad L	212
FIRST		MIDDLE	LAST	O	FIRST			DDtE	77	LAST		
John			Jennings		Hatti	е	May	ADDRESS	Ke	eves	}	
(YES, NO OR UNKNOWN)		VE WAR OR DATES)			17. INFORMANT			ZIII L	anhan	1-Sev	ern l	Road
NO	-		577-03-1	L658A	Nellie N	. Jen	nings I	Bowie,		20715	MATE INTERV	
Conditions, if an gove rise to ir couse (a), statunderlying cou	y, which nmediote ting the se lost	(b)_ DUE TO, (c)	OR AS A CONSEQUE  OR AS A CONS	NCE OF	REBRA ALIZED NOT RELATED TO	A	THEROS RTERIL INAL DISEASE OF	SCLER SCLER CONDITION	OS 15 OS 15 OS 15	600	42	aveau
5	Her	מרירטוו	nage	FV	W GAS	TROI	NTES	INAL	-7	RAG	2.1	
19a DATE OF OPER	ATION	196. CON	DITION FOR WHICH	OFERATIO	N WAS PERFORME	D	200 AUTOPSY		YES, WER RTIFYING YES [			1?
21a. ACCIDENT WAS U	_	LIGHT A	OF INJURY	Y YEAR	21c. HOW INJURY	OCCURR	RED (ENTER NATURE	OF INJURY IN ITEM	IB PART I O	R PART 2)		
(IF EITHER, NOTIFY ME		AIH	P.M.	19								
214 INJURY OCCU	RRED		E OF INJURY		211 LOCATION			Y OR TOWN	-	DUNTY	STA	475
WHILE NOT	WHILE	(AT HOME, S	TREET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET		Ci	T OK TOWN			317	112
,	Date to	to the same		-	201/	Mo	1 Tel	11) /	1 10/	90	13.	21.
27s I certify that	live or	7/12	19 deceous in trom	87	nd that my (my) (qur)	- Julion o	eath occurred or	the date and	The said	10/		e) lost
	did idid k	ti riekvine bod	Lathy doubh	1				THE GOIC ONG	To the		1	1
775 SIGNATURE	111	Mida	XIG	110		NDING 1	MEDICAL DIRECTOR	STAFF PHYSICIAN [	7	7/	12/	87
22d. PHYSICIAN'S	BAN MY	Mercery			2 CODESS					1	1	1
Dr. Wil	Lliam	D. Ross	on, M. D.	2	5701 85	th Ax	venue Ner	w Carro	lltor	1. MI	20	784

Beal T Funeral

FOR

JUL

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL

Home

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
Brentwood

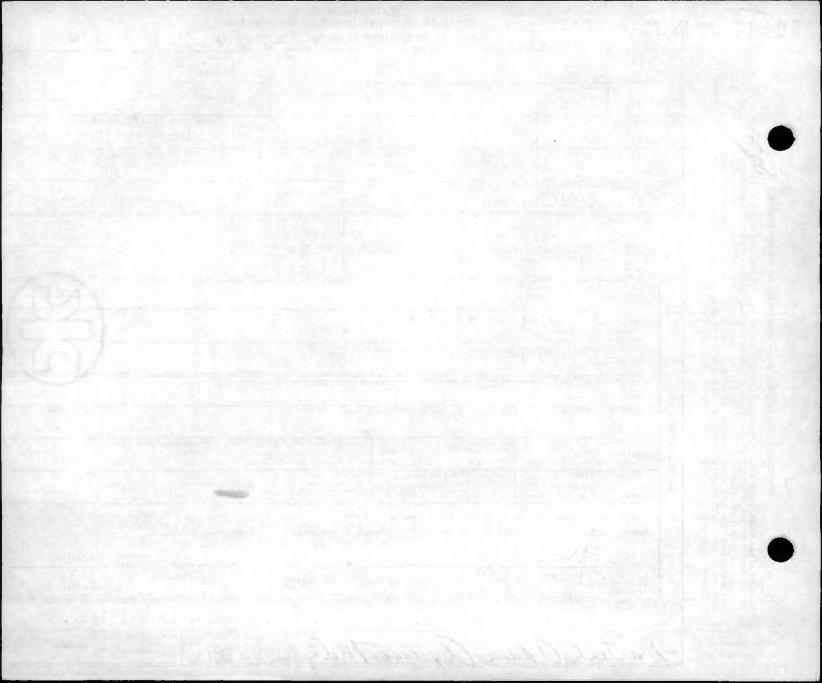
rentwood, Pr. George's, M

By REGISTRAR 256 REGISTRAR'S SIGNATURE

Ft. Lincoln Cemetery 16000 Annapolis Road Bowie, MD 20715-304 20715-3043

MUNICIPALLY HOST- VE

+	GRI		BO0				STAT	E OF M	ARYLAND						
9 1	1 Z JUL I	1	STATE I tem	21F Film G	630 8-10-87 MED	LCAL E	MENI OF P	ED'C	AND MENTAL H	FOEATH	0 1	- ,	big	6	
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	Www.Mar	(TYP	E OR PRINT)	Rodnev		N	(McCI		,		F ESTI-			1987	10
	AND HOLD THE	3. SEX		4 RACE	5. DATE OF BIRTH	DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IN LINDER 24 HRS 24 DATE MONTH								YEAR 24 HC	υ Ω
	ON STATE		1e	Black	08 <sup>th</sup> 09		211 YR	MONTH	S DAYS HOURS	MIN PRON	OUNCED EAD	7-3	3	19 87 1:	P,
	1247	Wa		ton D.C	USA	AT COUN	TRY?	MARRIE WIDOWI	ED NEVER MARRI		TIMORE CITY Prince	Georg	ge's	County	M
a	13 KG		Clinton	n	Souther	ME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  OF INSTITUTE OF WORKING LIFE)  OR INDUSTRY  OR INDUSTRY									
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD 130 STATE 130 COUNTY GOVERNMENT OF THE MARYLAND PRINCE GEO FAIRMO									13d. UNSUDE CITY LIMITS?	13e. STREET AD 7 2 2	DRESS 61st	Ave	nue	20743	
E, MD.	The same of		THER'S NAME FRST chard		AIDDLE 1fred	Ioh	nson		15. MOTHER'S MAIDE Alice	NNAME	sephi:			alloway	_
NOR	888 480 CT	16a. W	AS DECEASED	DEVER IN U.S. ARA	AED FORCES?		IAL SECURITY	NO.	17. INFORMANT	30	ADDRES		06	TITOWAY	_
MALTIN	SAFTE GIVE P AGES VISION	(1)	no, or unkno	(IF YES, GIVE V	WAR OR DATES)	578	8 8 2 4	964	Alice Wr	ight	SAA				
ST., 8	SE S		18 CAUSE O PARTI DE	ATH WAS CAUSED							Tell Th			PPROXIMATE INTERVA	
STON	NOVA PROPERTY		7/	MIMMEDIAT	E CAUSE (o) Dre			F						200	
ex m	VITHII VCIL		gove ris	ns, if ony, which se to immediate	(b)						H. III				
201 W	DIED V IN PEN EXAMI EXAMI IIAL-TI ON, OF		lying cou	stating the <u>under</u>	DUE TO, OR A	S A CON	SEQUENCE O	F					10		
DRDS.	BE EXECUDING" KEDICAL AS A BUR ALTH ANI	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).												
REC	ロできる。	CERTIFICATION	19a. DATE OF	OPERATION	DN 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?						-	70 A	AUTOPSY?		
II	AORD "F CHIEF BE USED NT OF H	TIFIC	(A) 7											YES X NO [	
NON	IIS CERTIFICATE SHARITING THE WOR ARDED TO THE CI CICE 3 SHOULD BE THE DEPARTMENT OF THE COLOR TO BUT THE DEPARTMENT OF THE CICE OF THE CI			AL CAUSE WAS  OR  NG CAUSE OF D		MONTH	DAY YEAR		W INJURY OCCURRE		OF INJURY IN ITEM !	B PART 1 OR F			
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	LEDICAL EXAMINER:  UTE THE CERTIFICATE,  A SHOULD BE FORU,  UNEAL DIRECTOR:  R DEATH, WINELTHE SI  MORE, MARYLAND				e of the remains desc			Autops				and in my o	pinion	County,	.*!!
	REC BE		deoth resulte	ed m: Notur	ol couses 🔲,	Accident	Suic	ide 🔲,	TITLE (SPECIFY)	Undetermine	d monner	,			
	A STATE OF THE STA		ACTUAL SIGNATURE_	me	200			M,	Deputy C	hi effical E	XAMINER	DATE	7-4	1-87	
	MEDIC ECUTE TI GE 4 SH FUNER TER DEA		EXAMINER'S	NAME 7	1/0										
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	22 - 81	(TYPE OR PRIN	TION, REMOVAL 2	M. Dixon,				ADDRESS_111 Pe			., MI	212	201	_
07/84	BP	(5	Bu	rial	7/9/87	St	. Mar	y's	Ch. Cem.		m, Pri				
25M	DHMH - 17 (VR A15 ME (5))	24 Ft	Marl Marl	ell a	Lama /	To	user	The	250. DATE R	1 3 1987	TRAR 256 REC	GISTRAR'S	SIGNATI	URE	
					-					1001				- 6	



	1-	STATE REGISTRAR	DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	7 2	1 2	5 /
	1. DEC	CEASED NAME FIRST	MIDDLE	· ·	AST	2a DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
9 739 JUL 2	18 B	DONALD	MINTONIVE	TOIL	NTCTYONT		TT 37 OF	
	3. SEX	•.	MINTONYE 14 race	5. DATE C	NSTON	6. AGE (IN YEARS LAST BIR	ULY 25	1987 1027 a <sup>M</sup>
7 90		Male	Caucasian	MONTH	DAY YEAR		MON	THS DAYS HOURS MIN.
1 3 CX		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		16, 1922	9. BALTIMORE CITY C	YRS T	DEATH
1 12 7 9	(	OUNTRY)		MARRIEI	D NEVER MARRIED			DEATH
8 54 60/	10 CI	New York	USA 11. NAME OF HOSPITAL NURSIN	WIDOWE		Prince Geo		MD.  12b. KIND OF BUSINESS OR
1 11 00			(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS]		(TYPE OF WORK FOR MOST O		INDUSTRY
3 15000		Itland	Andrews Air Ford	e Bas	e Hospital	Retired		USAF
1 15 506	130. S	TATE 136 COU	NTY 13c. CITY OR TOW			13e STREET ADDRESS		
2 2 3			e Georges Bowie		YES K NO	2010 Althe	a Lane	20716
1 82	14. FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAST
1 1/2			Johnston		He]			Conlan
71 7		AS DECEASED EVER IN U.S. AL	RMED FORCES? 16b. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRI	ESS	
B 0 8			reer 055-18-8	3793	Anna Johnston	n same	as 13e	
987		18. CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), on	id (c).1				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Ad one		PART I. DEATH WAS CAUS	TE CAUSE (0) RESPIRATO	RY AR	REST			
TN		0101201	DUE TO, OR AS A CONSEOU	ENCE OF				
111		Canditians, if any, which			CARCINOMA OF U	NKNOWN ORT	GTN	
21/		gave rise to immediate cause (a), stating the						
1101		underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF				
gned in plea burio ry, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 110
15 to	N O							
prior ony i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS USED
W ne ne	TEK					YES NOTE	YES T	G CAUSES OF DEATH?
ns certificate h burnal-transit p Mental Hygier or them 18 show	E	210. ACCIDENT WAS UNDERLYING			21E HOW INJURY OCCURRE		RY IN ITEM 18 PART	OR PART 2)
certificate mol-transfer 18 sh		OR CONTRIBUTING CAUSE OF DE		AY YEAR				
this certificate I the burial-transit and Mental Hygie dar Hem 18 sha	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	17	21f LOCATION		1000	
the the ond	X	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TO	)WN	COUNTY STATE
Afte e os olth morl			nital) attended the deceased fram_	24 .11	T.Y 19.87	- to - 25 . III	LY 198	97
tol or us F He	13		25 JULY 198	7	nd that in (Xy) (aur) apinian d			The state of the s
he haspital or off DIRECTOR. After ached for use as I Dept. of Health a		22b. SIGNATURE	ot) view the bady after death.		DEGREE		010 1100 100	22E. DATE SIGNED
Der H		ZZE. SIGNATORE	12.1		ATTENDING	MEDICAL STA	FF	
RAL dete		22d. PHYSICIAN'S NAME (TYPE	My 4 Near		PHYSICIAN 22e. ADDRESS	DIRECTOR   PHYSIC	IAN 🗌	JULY 25, 198
FUNER FUNER Sold be that the Sta								
TO FUNERA Should be de with the Stot		THOMAS A. NEA					CEN AAFI	3, MD 20331-50
5 F 0 > 5			125 DATE 23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
		URIAL, CREMATION, REMOVA				CITY OR TOWN	4" 4	OUNTY STATE
BP	(	Burial	July 30 1987 Ar	lingt	on National Ce	en. Arlin	gton. V	irginia
BP	(	SPECIFY)	July 30 1987 Ar	lingt		en. Arlin	gton. V	irginia

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		0801 14 1			4.319
					nor son
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iros ene	Lessalt jutof		. 580	True Cyne	Brokerst
UT, CT			Lorality .		00
	an type of	ed codes		w oute	

	FOR		D	EPARTMENT OF H	HEALTH	AND MENTAL H	HYGIENE	6				
	STATE REGISTRAR		MED	ICAL EXAMIN	ER'S C	ERTIFICATE C	OF DEAT	TH 2 REd	NO. 2	5 8		
	CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST .	2	O DATE KNOWN	X MONTH	DAY YE	EAR 2	b HOUR
(111	CON PRINT)	Johni	ėe W	illiam	J	ones		OF ESTI-	D 7/	8 19	87	AA
1.5E)		4. RACE	5. DATE OF BIRTH	6 AGE IN YEA	RS IF UN	DER 1 YR. IF UNDER		C DATE	MONTH	_		24 HOUR
Ma	le	Black	Sep. 18,	1903 83 YR	MONTH	S DAYS HOURS	MIN. P	PRONOUNCED	7/	8 19	87	2:00 P M
	RTHPLACE (ST	ATE OR	76. CITIZEN OF WHA	AT COUNTRY?	8. MARRI	ED NEVER MARR	PIED (	BALTIMORE CITY	OR COUNTY	OF DEAT	Н	
	orth Ca	nolina	U.S	'. A.	WIDOW			Prince Ge	orge 's	Cour	ntv	MD
III. CI	TY OR TOWN	OF DEATH		ITAL, NURSING HOME	, OR OTH	ER INSTITUTION		AL OCCUPATION (T		2b KIND C OR IND	OF BUSI	INESS
) 1	lyattsv	ille		tainbleau [	Orive	, #603		ost of working life) er Cabine	tmaker	G.S.		
	L RESIDENCE		OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSIO	INC	13d. INSIDE CITY LIMITS?		ET ADDRESS		2/1-	100	4
	ryland		e George's	Hyattsvil		YES NO		Fontaint	oleau D	rive.	#6	03
14 FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDE	EN NAME	WIDDLE		LAST		
	11107	esia Jor		4031		Cecelia W	Willia					
16a. V	VAS DECEASEL	EVER IN U.S. AF	RMED FORCES?	166. SOCIAL SECURITY	/ NO.	17. INFORMANT		ADDRE		Booke	n D	nino
	No	(4 100, 011		579 09 634	45	LeRoy Roll	lins.	Sr.				
	18 CAUSE O	F DEATH (Enter a	nly ane cause per line f		1000			Cap	itol H	BETWEEN	A ATU	HOTAGE ND DEATH
	PARTIDE	ATH WAS CAUSE	ATE CAUSE (a) Ca	rcinoma of	the	pancreas w	with m	netastases				
				S A CONSEQUENCE	OF	No. 13 Table			BER			
		ns, if any, which								- 85		
	cause (a)	stating the under		S A CONSEQUENCE C	OF .			110				
	lying cau	se last.	(c)									
	PART 2 OTHER SIG	GNIFICANT CONDITION	CONTRIBUTING TO DEATH RU	IT NOT RELATED TO THE TERMI	INAL DISEASE	OR CONDITION GIVEN IN PA	ART 1 to					
NO				None								
ATI	19a. DATE OF	OPERATION	196 CONDITI	ON FOR WHICH OPER	ATION W.	AS PERFORMED?			7 TO 1	20 AUTO	PSY?	
MEDICAL CERTIFICATION	N	one	271							YES		NO X
CER		L CAUSE WAS	21b. TIME OF	MONTH DAY YEAR	21c HC	W INJURY OCCURRE	ED LENTER NA	ATURE OF INJURY IN ITEM	18 PART 1 OR PART	2)		
\V	UNDERLYING CONTRIBUTION	NG CAUSE OF		MONTH DAT TEAR			N	lone				
EDIC	21d INJURY C	CCURRED	21e PLACE OF	FINJURY (AT HOME,		CATION			-			
2	AT WORK	NOT WHILE AT WORK		mi, ranm, etc.)		INCE I		CITY OR TOWN	COUP	417		STATE
			ge of the remains desci	ribed abave, held an	Autaps	y , Inspectio	on .	Inquiry X	and in my apir	nian		120
	death results	ed from Nati	ural causes X	Arcident Sur	cide .	Hamicide .	Undeter	rmined manner				
-		7	-			TITLE (SPECIFY)						
	SIGNATURE	16-8	10	Capers	M.	Deputy	MEDIC	CAL EXAMINER .	DATE	7/	19/8	37
	//			7		1919	Semir	nary Road	3101120	7		
	TYPE OR PRIN	NAME NT)	John S. Re	ogers, M.D.		ADDRESS_Silve	er Spr	ing, Mont	gomery	Cour	ity,	, MD
23a.B	JRIAL, CREMA	ION, REMOVAL		23c. NAME OF CEM			23d. LOC	CATION	COUNT	Υ -	STAT	
1.	Buri	m of them	7-13-87	Lincoln	Memo	orial	Si	uitland,	Maryla	ind	31.41	e .
	LIENS IFE		OME, INC.			25a. DATE	REC'D BY	1987 AR 246 RE	GISTRARIS SIC	SNATURE	-	4 7
11	4339 HI	INT PLAC	F NE			1 1 1	1/	1001 Harry	- Innount			

07/84 25M

**DHMH - 17** (VR A15 ME (5))

WASHINGTON, D.C. 20019

CV

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2a DATE OF DEATH I, ynn KINDRED 10 10:27Am 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH Jan. 27, 1923 64 9 BALTIMORE CITY OR COUNTY OF DEATH

Male Caucasian TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED T11inois U.S.A.

Prince George's Co.. WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

NO X

12b. KIND OF BUSINESS OR INDUSTRY U.S.A.F.

Andrews A.F.B. Malcolm Grow U.S.A.F. Med. Ctr. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN

18 CAUSE OF DEATH (ENe Latt on Name per line for (o), (b), and (c),

Montgomery

4. RACE

13d. INSIDE CITY LIMITS? Caithersburg YES T

15. MOTHER'S MAIDEN NAME

S/M/Sgt.

MIDDLE

13e STREET ADDRESS / ZIP CODE Apt. 2 (20879) 18602 Walker's Choice Road

14 FATHER'S NAME Leslie

Maryland

CITY OR TOWN OF DEATH

STATE

REGISTRAR DECEASED NAME

CTYPE OR PRINTS

3 SEX

Kindred 166 SOCIAL SECURITY NO.

Fern 17. INFORMANT

Hitchcock

60 WAS DECEASED EVER IN U.S. ARMED FORCES? [ IF YES, GIVE WAR OR DATES]

PART I. DEATH WAS CAUSED BY

FIRST

ROBERT

WW II, Korea 330-12-2206

Thelma A. Kindred (wife)

Same as 13

IMMEDIATE CAUSE (O) CARDIOPULMONARY ARREST Conditions, if ony, which gove rise to immediate cause (a), stating the

underlying couse last.

190 DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF TERMINAL LUNG CANCER

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

	ı
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOT IFY MEDICAL EXAMINER)	2

16 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NO YES T 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

21d INJURY OCCURRED

AT WORK AT WORK

P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

COUNTY

206 IF YES. WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

saw the deceased alive on Ouling above, (1) (was (did) (did not) view the body after death. 22b. SIGNATURE

220 I certify that the (this hospital) attended the deceased from,

DEGREE M.D. ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

22. MALGOLM GROW USAF MED CTR ANDREWS AFB, WASHINGTON, D.C.

23a. BURIAL, CREMATION, REMOVAL Remova1

11 July 87

Valuation Uniformed Services University of the Health Sciences

Bethesda, MD

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

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MPORTANT

Capitol Funeral Service, Falls Church, VA

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Davidson. Kandallo

apinian death occurred on the date and hour and from the causes stated

DHMH - 16 60M 7/84 (VRA 15, 4)

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	705,75	, lot	Description	AURIL
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(VR A15 ME (5))

STATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN: The

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BP. DHMH - 16 50M 4/83

(VRA 15, 4)

ottending physician

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may be 4

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-0	FOR PSTATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	FIEL NO. 2	6 0					
	DECEASED NAME (1YPE OR PRINT)	Roger Middle Edwar	Tordan	20 DATE OF DEATH MONTH	2 87 1008 N					
3.	.sex Male	4. RACE hite	5. DATE OF BIRTH OCT. 21, 1912	6. AGE (IN YEARS LAST BIRTHDAY)  74 YRS.	II UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.					
2	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince George	ata do					
4	Laurel	(IF NOT IN SUCH FACILITY, GIVE STREET		12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING IT SECURITY Office)	r washington Ur					
51	136 STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 131. CITY OR TOW Laure	YES NO NO NO	13e STREET ADDRESS / ZIP COD 15702 Bond M	E					
0	4 FATHER'S NAME FIRST  John	MIDDLE IAST  Jordan		MIDDLE	Lovett					
/ [	60. WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) (IF YES, G  WW	RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 244-18-(		(son) Laurel, M	)					
	PART I. DEATH WAS CAUS	nly one cause per line or (a), (b) one ED BY. (TE CAUSE (a)	THE ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO					
	OR COLUMNIC CALIFORNIA	HOUR A.M. MONTH DA	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IB	PART ) OR PART 2}					
	OR CONTRIBUTING CAUSE OF DI  (IF ETHER NOTHY MEDICAL EXAMINI  214 INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
	saw the decreased plive a	oital) attended the deceased from 19 at 19 in 19	7, and that in my (our) apinion	death occurred on the date and har	ur and from the causes stated					
	278 PHYSICIAN'S NAME CTYPE	(mylym	DEGREE ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	7-2-87					
7 7	GA COM	PTON MD	8317 Chi	ery Lane Las	wel MOZOTO					
	30 BURIAL, CREMATION, REMOVA		rame of CEMETERY OR CREMATORY cick Church Cemeter		e, West Virgini					
. 2	4 FUNERAL DIRECTOR Capitol Fun	eral Service, Fal		te rec'd. By registrar 256. regis 0 6 1987.	TRAR'S SIGNATURE					

Julia Tividion Products

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THE RESERVE OF THE PARTY OF THE	Children appears according to the control of the	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE OF DEATH 26 HOUR (TYPE OR PRINT) GEORGE Patrick 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR CAUCASIAN 7 - 32 TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH Washington, DC **United States** 6-EOR6-E INCE NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR Brick Layer Construction Prince Geo. College Park 32 STREET ADDRESS / ZIP CODE 4704 Delaware St. Maryland 20740 YES XT 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Kane MIDDLE Sweeney Daniel Marian ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) Korean 579-38-6544 Joanne Kane (wife) Same as #13 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stoting the CERTIFICATION LACRE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) AT WORK NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from sow the deceosed olive on 7-4 obove, (1) (we) (did) (did not) view the body offer death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 07/08/87 MD Veterans Cemetery Cheltenham Prince Geo. Francis Gasch's Sons Funeral Home, P.A. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 4739 Baltimore Ave. Hyattsville, MD 20781

DHMH - 16 60M 7/84 (VRA 15, 4)

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TSTATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	10.	2 6	2		
I. DE	CEASED NAME E OR PRINT)	FIRST		MIDDLE	T.F.	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2h HOUR		
		ellie			Kee	nan		7-25-	-87	6:20am <sub>M</sub>		
3 SE	Х	4	1. RACE		5. DATE C		6. AGE (IN YEARS LAST E		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
	Female		White			15-1884	102	YRS				
7a. B	IRTHPLACE (STATE OR	OREIGN 7		WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
I	reland		USA		WIDOWE		Prince G	eorges		MD		
10. C	ITY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPA	TION		OF BUSINESS OR		
H	yattsville	100		ed Heart		Inc.		al Government Worker				
13a.	AL RESIDENCE (IF NURS	136 COUNT	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS					
Ma	ryland		eorges	Hyattsvi		YES NO	5935 15th		2078	82		
14 F	ATHER'S NAME		NDDLE	LAST		15 MOTHER'S MAIDEN NA	ME					
	Patrick		THE PARTY OF THE P	McNamar	a	Bridget	MIDDLE		O'Cor	inor		
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT daus	ghter ADDI	RESS 7401	N. Ha	mpshire		
(	No	(IF TES, GIVE	WAR OR DATES!	220-44-8	058	Catherine E.	~					
	18 CAUSE OF DEAT	H (Enter only	y one couse per	line for (o), (b), one	d (c).1	MD				MATE INTERVAL ONSET AND DEATH		
	PART I. DEATH W	AS CAUSED	BY: CAUSE (o)									
NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE PERSONNEL AND ADMINISTRATION OF LEAPPENDER.								EN IN PART 1	0		
TIFICAT	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED						
IL CERTI	210. ACCIDENT WAS UNI		11	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN	URY IN ITEM 18 PA	ART I OR PART 2)			
MEDICAL	(IF EITHER NOTIFY MEDI-		P 21e. PLACE		19	211 LOCATION						
ME	WHILE NOT WE	ILE 🗍	(AT HOME STE	REET, FACTORY, OFFICE, FA	ARM, ETC )	STREET	CITY OR 1	OWN	COUNTY	STATE		
	220.1 certify that (1) sow the decease above, (1) (we) (c	(this hospite	6/2	07 19		nd that in (my) (our) opinion of	deoth occurred on the	dote and hour	ond from the			
	6	Y-1	1-tu	L.	n	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN []	7/2	25/8)		
	224 PHYSICIAN'S NA	L' L'	1-KH	ATRI		6525 Be	icrest R	d Hy.	Hsvil	CMD		
	BURIAL, CREMATION, (SPECIFY)  Buri	^	July28		LAME OF C	emetery or crematory	23d LOCATION CITY OR TOWN Washing	ton. D.	COUNTY	STATE		
24 F	UNERAL DIRECTOR	-										
	NAME	Franc	is J. C	ollins, J	九。	25a. DAT	29 1987	R 256 REGISTE	PAR'S SIGNAT			

DHMH - 16 60M 7/84 (VRA 15, 4)

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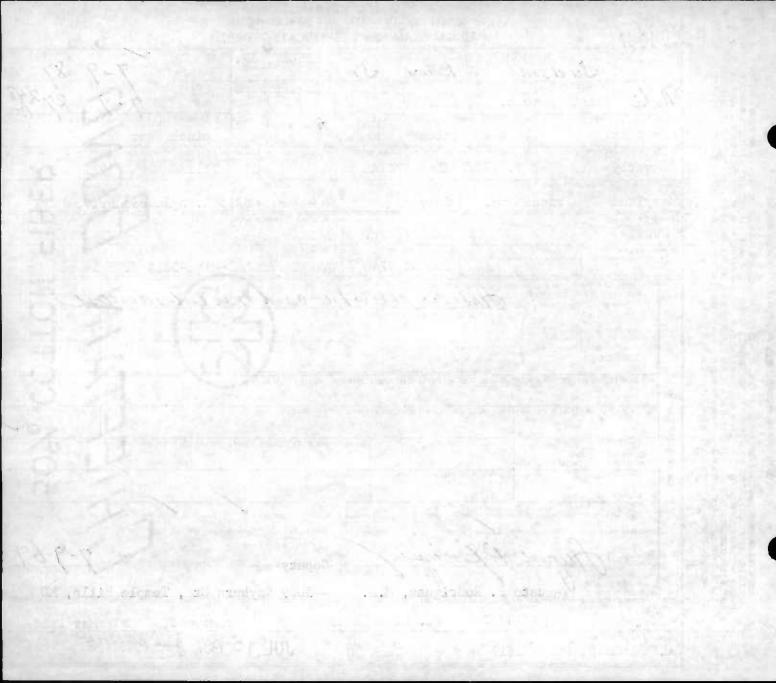
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	NECESSARY, PLEASE UNREAL DIRECTOR. S FOR YOUR FILES. WIKHIN 72 HOURS C-RESION STREET,	NI SEX	ele.	BLACK	DEC. 30,		ARS IF UN MONTH		NDER 24 HRS	2c. DATE PRONOUNCED DEAD	MONTH 7-	9 1987 24
	S FOR Y	Ğ	RTHPLACE (ST REIGH COUNTRY) COTGIA		United	States	8. MARRI WIDOW	ED MEVER	MARRIED []	9 BALTIMORE O	George:	
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. PRESTO	PER ALI RANSIT FAL HYG		gave ris	s, if any, which e to immediate	(b)	AS A CONSEQUENCE						
2013	SALEYMINE SALENIA AND MEN		lying cau		(c)	AS A CONSEQUENCE						
CORD	HOULD BE EXITED RED "PENDING "PENDING "ED" ED" ED" ED" ED" ED AS A BURIA OF HEALTH AND A JAIA, CREMATION	NO			CONTRIBUTING TO DEATH 1	BUT NOT RELATED TO THE TERM	IINAL DISEAS	E OR CONDITION GIVE	N IN PART 1 10.			
VITALE	VORD "P VORD "P VORD "P VORD "P NORD HE 80RIAL	CERTIFICATION	19a. DATE OF			ION FOR WHICH OPE	ATION W	'AS PERFORMED	?			20 AUTOPSY?  YES NO P
ONOF	TO THE STATE OF TH	CALCES	UNDERLYING CONTRIBUTION	G CAUSE OF D	DEATH P.M.	MONTH DAY YEA	R		CURRED (ENTE	NATURE OF INJURY IN	ITEM 18 PART 1 OR PA	ART 2)
DIVISION	THIS CERTIF WARDED TO WARDED TO PAGE 3 SHO TATE DEPAJ 21201 PRIO	MEDICAL	214 INJURY C WHILE AT WORK	NOT WHILE C		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION		CITY OR TOWN		OUNTY STATE
	A S S S S S S S S S S S S S S S S S S S			y that I took charg	e af the remains des	Accident . Su	Autop	sy , Ins	pectian	Inquiry .	ond in my o	pinion
	EDICAL EXAMIN  JE THE CERTIFIC  4 SHOULD BE F  JNERAL DIRECTO  R DEATH, WITH T  MORE, MARYLAI		ACTUAL SIGNATURE_	Ayen	NO YX	Juigue		TITLE (SPECI	FY)	DICAL EXAMINER	DATE SIGN	7-9-87
	¥ D B K E E		EXAMINER'S (TYPE OR PRIN	NAME AUDU	sto P. Ro	driguez, M	D	ADDRES 5009			Temple	
	DX 40 AA	(5	PECIFY)	ION, REMOVAL 2	3b. DATE 7/14/87	23¢ NAME OF CE	METERY O	R CREMATORY	23d. L	OCATION Y OR TOWN	cou	unty state
/84 M	BP	24. FU	rial INERAL DIREC		7/14/07	Ft. Line	OTIL			rentwood		

DHMH - 17 (VR A15 ME (5))

ALEXANDER S. POPE 2617 Pa Ave SE Wash DC

JUL 15 198/ Julia D



FOR

# STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENT	AL HYGIENE
CE	RTIFICATI	OF DEATH	63

PEGISTRAR		CERTIF	FICATE OF DEATH	REGRO	6	2 6	sing
OLCEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	AONTH DA	AY YEAR	26 HOUR
Viola	Catherine	Ki	dwell	July	19 19	987	7:45 A <sub>M</sub>
3. SEX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTH		FUNDER I YEAR	IF UNDER 24 HRS
Female	Caucasian	Augu	st 30 1916	70	YRS	JNINS DATS	MOURS MIN.
To BIRTHPLACE (STATE OF FOREIGN	16 CITIZEN OF WHAT COUNTRY?	8	<b>6</b>	9 BALTIMORE CITY OF		OF DEATH	
Maryland	U.S.A.	WIDOWI	ED DIVORCED D	Prince G	eorge'	's	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME		120 USUAL OCCUPATIO			F BUSINESS OR
Oxon Hill	7911 Indian Hea	d Hig		Receptionis			nal Guar
USUAL RESIDENCE (IF NURSING HOME O 130. STATE 136 COU	NTY 13c CITY OR TOW	N	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		0745
Maryland Princ	e George Oxon Hi	11	YES X NO	7911 Indian	Head	Highwa	ay #101
14 FATHER'S NAME	MIDDLE LAST	-	15. MOTHER'S MAIDEN NAM	AE MIDDLE			
	ward Richards	on	Pearl	Mae		Quade	2
160 WAS DECEASED EVER IN U.S. A		JRITY NO.	17 INFORMANT	ADDRES			_
(YES, NO OR UNKNOWN) (IF YES, GI	577-10-0	629	Marjorie R.	Jenkins Indi	een Me	eadows ad, Md	Dr.
	DUE TO, OR AS A CONSEQUIDED TO, OR AS A CONSEQUIDED TO, OR AS A CONSEQUIDED TO THE CONDITIONS CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	Cauc		N IN PART 110	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO X		WERE FINDIN	
		AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR)	IN ITEM 18 PAR	RT 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC )	211 LOCATION STREET	CITY OR TOW	19	EQUNTY 2	STATE
sow the deepesed plant	the little ded the deceased from19_2	Den	nd that in (my) our opinion d	death accurred on the day	and hour o	ond from the	that (I) (we) ast couses stated
22b. SIGN	autor		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFI		7/3	NO 7
22d. PHYSICIA S. N. ALAMAN	DE PRINT!		22e ADDRESS				
David J. Ha	aidak, M.D.		8926 Woodyard	d Rd., Clir	iton,	Maryla	nd
230 BURIAL, CREMATION, REMOVA	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			

DHMH - 16 60M 7/B4

BP.

TO FUNERAL DIRECTOR.

IMPORTANT: If Item 21 is marked on a

(VRA 15, 4)

Burial 7/22/87

24 FUNERAL DIRECTOR

Trinity Mem. Gardens Waldorf Charles Maryland

ADDRES OXON Hill Rd. 256 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

OXON Hill. Md. 1987 July Deviden Randows

Oxon Hill, Md. George P. Kalas Funeral Home

COLOR DE LA COLOR		TTEMS 14,		n G630		MENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE	REG. NO	2	1 )	5 6
m.c		OR PRINTS	RST	MIDD		t,	AS1	20 DATE		MONTH D		2b HOUR
nay be page 3 er deoth		Johr		Well	er		be, Jr.			07-28	-87	8:55Pm
ge 4 mo ector. pa	3. SEX	ale	4. RACI	ite		Jan. 29, 1927		6. AGE	IN YEARS LAST BIRT	YRS.	IF UNDER 1 YEAR	HOURS MIN.
1235	Í	RTHPLACE (STATE OR FOREK OUNTRY) Maryland		.S.A.	AT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED		ACE GEO		Count	, MD.
0174	С	heverly	Pr	ince G	eorge's	Gene	rother Institution	LIMPE OF V	ALOCCUPATION OF FOR MOST OF	ON	12h KIND O	ruction
falled in must be	13a S	TATE  ryland  P	COUNTY Geo	STITUTION, GIVE	cijy or tow ottage (	ADMISSION1	13d. INSIDE CITY LIMITS		ADDRESS /	zip cone er Hil	Road	Apt #310
mpletely of a share		ther's NAME on W. Kulbe	SK.	Kolh	LAST P. St		15. MOTHER'S MAIDEN  Margaret	NAME	MIDDLE	17	LAS C+1	urges
n ond co	160. V	/AS DECEASED EVER IN U ES, NO OR UNKNOWN) (1F	J.S. ARMED FO YES, GIVE WAR OF		18-20-1		Margaret I	E. Fry			ern Av	enue 20769
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HY	440	G. NO	0 1 2	6/		
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, the		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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MPORTANT		Carl	J. Hou	ımann,	M. D.		4404 Queens	bury Rd.,	Riverd	lale, MD.	. 20737		
3		BURIAL, CREMATION,	, REMOVAL	23b. DATE		73c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	NN NN	COUNTY	STATE		
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DHMH - 16 60M 7/8 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has bushould be detached for use as the burial-transit permittine State Dept. of Health and Mental Hygiene privarit the State Dept.

TENDING PHYSICIAN. The

TO HOSPITAL

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 20 DATE KNOWN (TYPE OR PRINT) OF annes DEATH MATED 6. AGE (IN YEAR IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOLINCED -13 64 To BIRTHPLACE (STATE OR MARRIED X XNEVER MARRIED EOREIGN COUNTRYS Scotland United States WIDOWED [ DIVORCED Prince George's IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Cheverly Prince George's Hospital Funeral Director **Funeral** USUAL RESIDENCE (IF IN MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Prince George's Hyattsville YEXX NO 5510 Randolph St. 20784 Maryland 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Kvle Frances Simpson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO **ADDRESS** Yes WWII 382-12-2904 Madeleine Kyle (wife) Same as #13 18 CAUSE OF DEATH (Enter anly one cause per life for (p), (b), and (c).) PART I DEATH WAS CAUSED BY Lesa sclewke cordistrouler descor IMMEDIATE CAUSE DUE TO, OR AS A CONCEDUENCE OF Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO THE CHAPOULD BE L YES NO P 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SH AFTER DEATH, WITH THE STATE DEPL BALTIMORE, MARYLAND, 21201 PRI 214 INJURY OCCURRED 2 Ie PLACE OF INJURY TATHOME. 2 If LOCATION STREET, EACTORY, FARM, ETC.) WHILE NOT WHILE D CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Natural causes Accident Undetermined monner Suicide Homicide .... TITLE (SPECIFY) Deputy MEDICAL EXAMINER Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Brentwood Prince Geo. Burial b7/21/87 Ft. Lincoln Cemetery FrankiskeGasch's Sons Funeral Home, P.A. 07/84 MD **DHMH - 17** 4739 Baltimore Ave. Hyattsville, MD 20781 (VR A15 ME (5))

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STATE OF MARYLAND	ST	ATE	OF	MARY	LAND
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STATE OF MAKILAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
CERTIFICATE OF DEATH	1.4

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DHMH - 16 25M (VR A 15 (4) ) 9/74 July 13,1987

Westview Mem. Park

Catonsville, Md

(SPECIFY)

Cremation

24 FUNERAL DIRECTOR
NAME DONALI Donaldson Funeral Home, Laurel, Md

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 061031 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 29 A7GISTRAR REG. NO. CEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-50 1002 DEATH MATED 4 RACE . SEX 6. AGE (IN YEARS IF UNDER 1 YR. WNDER 24 HRS DATE DAY YEAR LAST BIRTHDAY) PRONOUNCED 6 DEAD 6 YRS 70 BIRTHPLACE 9. BALTIMORE CITY OR COUN TY OF DEATH MARRIED DEVER MARRIED Pennsylvania United States DIVORCED IQ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK Government Mngment analysis 13a STATE 13 STREET ADDRESS STACONES 13d. INSIDE CITY LIMITS BALTIMORE, MD. 2120 A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Antoni Catherine Feschuk Lanôsz 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT DIVISION (YES, NO, OR UNKNOWN) 3910 Staconga Dr. Justine Lanosz 176-16-8153 Nav CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PERMIT. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate (b) cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION USED AS OF HEALT DAT, CRE 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CATE, WRANDED TO THE COMMENTAGE PORWARDED TO THE USED THE STATE DEPARTMENT. YES | NO-F 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE WHILE AT WORK CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAGE REPORTH, WITH THE SIX BAILTIMORE, MARYLAND, 2 22a I certify that I taok charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion death resulted fram: Notural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER EXAMINER'S MAME **ADDRESS** 23, BURIAL, CREMATION, REMOVAL 235 DATE 7-27-1987 Gate of Heaven Cem. NOITA OCL 655 Spring Mdie Mont. BP 07/84 25M 4400 Powder, 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 parrown for handeren (VR A15 ME (5))

STATE OF MARYLAND

	DEPARTN	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG	, I	2.	1	2	
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(b)#	R AS A CONSEQUE	EATH	Description of	PROJUNENT	nscu	- H	THE.	es	
(c)	( A3 A CO1432002	1402 01							
	١.	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PA	RT 110		
. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE F IFYING CA	USES		H?

IMMEDIATE CAUSE (a) DUE TO, OR Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CO CERTIFICATION

211 LOCATION

that in (my)

21e. PLACE OF INJURY

19a DATE OF OPERATION 19b. CONDIT

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE AT WORK '-

220.1 certify that (1) (this hespitel) attended the deceased from\_ saw the deceased alive on obove, (I) (we) (did) (did not) view the body ofter death 226. SIGNATURE

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

Female

Hyattsville

Washington D 4. FATHER'S NAME

FIRST

(YES, NO OR UNKNOWN)

No

Frank

O. BIRTHPLACE (STATE OR FOREIGN

District of Columbia

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 13b COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY

3. SEX

poge 3

filled in ould be f

N

puo

popers. Poges

ond Mentol

9

or Item

morked

MEDICAL

FIRST

DOROTHY

4. RACE

MIOOLE

(IF YES, GIVE WAR OR DATES)

76. CITIZEN OF W

11. NAME OF H (IF NOT IN SUCH Sacre

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

(SPECIFY)

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

73c. NAME OF CEMETERY OR CREMATORY Ft. Lincoln

DEGREE

23d LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

MEDICAL

22c DATE SIGNED

STATE

STATE

23a BURIAL, CREMATION, REMOVAL 23b. DATE

ATTENDING

CITY OF TOWN Brentwood

CITY OR TOWN

opinion death occurred on the date and hour and from the causes stated

STAFF DIRECTOR PHYSICIAN

> COUNTY Md.

COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

should be deto

MPORTANT

Everly Wheatley

7-23-87

1500 W. Braddock Rd. Alexands La

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

death

MEDICAL

## STATE OF MARYLAND

FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE /	REG. NO	2	7	3
LEASED NAME	FIRST	A	AIDDLE	į.	AST	20 DATE O	FDEATH MONTH	OAY	YEAR	26 HOUR
(1), 2 30, 10, 11	NANA		Υ	LI	NDSAY		JULY	24 1	987	5:20A M
3. SEX		4 RACE		5 DATE C	)F BIRTH	6 AGE (IN	YEARS LAST BIRTHDAY	IF UNDE	RIYEAR	IF UNDER 24 HRS
Female		Caucas	ian	Oct.	17,1932 YEAR	54	YRS	MONTHS	DAYS	HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Washington, D.C.  76 CITIZEN OF  U.S.A.		WHAT COUNTRY?	Y? 8 MARRIED   NEVER MARRIED   WIDOWED   DIVORCED			recity or coun		ATH	MD	
Andrews AFI		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A M Grow Me	(CORESS)	Center INSTITUTION	(TYPE OF WO	OCCUPATION RK FOR MOST OF WORKING SEWIFE	G LIFE) IND	KIND OF USTRY <b>hom</b>	E BUSINESS OR
USUAL RESIDENCE (# N 130 STATE MD	13b. COU		GIVE RESIDENCE BEFORE  134. CITY OR TOWI  Suitland	N	13d INSIDE CITY LIMITS? YES NO		ADDRESS / ZIP CO		20	746
Julian R.	Gala	WIDDLE	LAST		IS MOTHER'S MAIDEN NA FIRST  Mildred N		WIDDIE		LAST	
(YES NO OR UNKNOWN)		RMED FORCES? VE WAR OR DATES]	166 SOCIAL SECU		Cin Dickel	3201	ADDRESS Commonwea	alth .	Ave.	Alex.V
IR CAUSE OF DE	ATH (Enter o	nly nne chuse ner	line for (n) (h) no	tiers					APPROXU	MATE INTERVAL

No 18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) MASSIVE UPPER GI BLEEDING DUE TO, OR AS A CONSEQUENCE OF END STAGE LIVER DISEASE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [] 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET FACTORY, OFFICE, FARM, ETC )

22a. | certify that (1) this haspital attended the deceased from our apinion death accurred on the date and hour and from the causes stated

DEGREE ATTENDING MEDICAL

22e ADDRESS

DANIEL S. BREM MALCOLM GROW USAFMEDCEN AAFB. MD 20331

PHYSICIAN

231 NAME OF CEMETERY OR CREMATORY 238 LOCATION 23a BURIAL, CREMATION, REMOVAL 236. DATE

7-28-87 Arlington National Burial Arlington Va 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Everly-Wheatley Funeral Home

DHMH - 16 60M 7/84 1500 W.Braddock Rd. Alexandria, VA (VRA 15. 4)

NOT WHILE

STATE

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0 6/01 5 0 JUL 21 87 DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1271
REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATS REG. NO	11017
I DECEASED NAME FRST MIDDLE LAST TO DATE KNOWN KEVIN Littleton DEATH MATED	7/ 8/ 887 4 N
MALE BLACK JAN 12 64 LAST MONTHS DAYS HOURS MINI PRONOUNCED DEAD	7/ 8/ 1987 PM
FOREIGN COUNTRY U.S.A. WIDOWED DINARGED	OUNTY OF DEATH
10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Lanham  Doctor's Hospital  MAINTENANCE WORKE	WORK 126 KIND OF BUSINESS
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE 136. COUNTY 136. COUNTY 136. CAPT. HGTS. 137. CAPT. HGTS. 138. STREET ADDRESS 139. STREET ADDRESS 149.	IL RD 20743
14. FATHER'S NAME  MIDDLE  MIDDLE  MIDDLE  MIDDLE  MIDDLE	TYLER
166. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  166. SOCIAL SECURITY NO.  216–90–3058  MARIE LITTLETON SUITLAND M	D. 207483
18 CAUSE OF DEATH (Enter only one cours per line for (a) (b) and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
O DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gove rise to immediate couse (a) stating the under- lying couse lost.  Conditions, if ony, which gove rise to immediate couse (b)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 191  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 191  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 191  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 191  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTING COURSE OF DEATH 10: 40m. 71 PART 1 191  210. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTING COURSE OF DEATH 10: 40m. 71 PART 1 191  210. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTING COURSE OF DEATH 10: 40m. 71 PART 1 191  210. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTING COURSE OF DEATH 10: 40m. 71 PART 1 191  210. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?  YES NO
216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR XX MONTH DAY YEAR ONTRIBUTING CAUSE OF DEATH 10:40m. 7/8/1987 Subject drowned while swimming the swimming the swimming the subject drowned while swimming the swimm	T OR PART 2)
UNDERLYING CAUSE OF DEATH 10:40m. 7/8/1 1987 subject drowned while swimming contributing cause of Death 10:40m. 7/8/1 1987 subject drowned while swimming contributing contributing contributing contributing contributing contribution contrib	COUNTY STATE
220   Certify that I took charge of the remains discribed above, held on Autopsy X. Inspection . Inquiry . and in	my opinion
death resulted from Natural Character Control Character	DATE 7/9/87
220   certify that I took charge of the remains of cribed above, held on Autopsy X. Inspection, Inquiry, and in death resulted from Natural course  ASSISTANT MEDICAL EXAMINER  EXAMINER'S NAME (TYPE OR PRINT).  Dennis F. Smyth, M.D. address	SIGNED
236 BURIAL 7-14-87 HARMONY CEMETERY LANDOVER	COUNTY STATE
25M 24 FUNERAL DIRECTOR POLITING FUNERAL LIGHT THE 250 DATE REC'D. BY REGISTRAR 256 REGISTRA	AR'S SIGNATURE
WASHINGTON, D.C. 20019	

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Street or the owner tees	Light Male	.0.1	
Mile serve	Longitud C		
	Spring Area are		
200 P. C. Company of the Park Park Park Park Park Park Park Park	SIS CARROL CASSES	IN ENTLINE FIL	

0609

S	TATE	OF	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

	13	- 1
PFG.	6	

	REGISTRAR		CERTII	TCATE OF DEATH	O REG. N	o.	Earth .	
DO DE	CEASED NAME FIRST	MIDOLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
0	Rosar:	io	Lo	pez	100	07 2	1 87	12:13pm
3. SE	X	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	
	Female	Filipino	To	08 25	61	YRS	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY) hilippines	76. CITIZEN OF WHAT COUNTE Philippines	RY? 8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Prince Ge			MD.
10. C	linton	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Southern Mary	RSING HOME ( REET AODRESS) Land Ho	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O homemaker			OF BUSINESS OR
Ma			own nton	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 11306 Gli			20735
	Jose	C. Ceric		15. MOTHER'S MAIDEN NA Vicenta	MIODLE T.	5		nk.
		MED FORCES? 166 SOCIAL SE 220-11-		Cesar C. Lo	pez same		a - e	
	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which	TE CAUSE 10) Yulu	onary )	embolism For Brain tem	wor		15	MINS.  Days.
NO	gove rise to immediate couse (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO THE CONTRIBUTION OF THE		NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIV	VEN IN PART 1	10
CERTIFICATION	190 DATE OF OPERATION 7-1-87.	Brain Fun		N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI IFYING CAUSES ES 치	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, MOTHEY MEDICAL EXAMINES 21d. INJURY OCCURRED		19	216 HOW INJURY OCCURI	RED (ENTER NATURE OF INJU		PART 1 OR PART 2)	STATE
	saw the deceased of we are	ital) attended the deceased from	m	, 19 87 nd that in (my) (our) opinion DEGREE	death occurred on the di		ur and from the	E SIGNED
	22d PHYSICIAN'S NAME (TYPE O	OF PRINTS	M.D	Tan Apports	MEDICAL STA	IAN 🗌		(24/87.
23a B	BURIAL, CREMATION, REMOVAL (SPECEY) Urial	23b. DATE 2.	Donsol	EMETERY OR CREMATORY Catholic Ceme	23d LOCATION			

OHMH - 16 60M 7/84 (VRA 15, 4) 6633

FOR STATE

JUL

injury, ar ather troumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

BP.

Old Alexander Ferry Rd., Clinton, MD 20735

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

MURPHY FUNERAL HOME/4510 WILSON BLVD. ARLINGTON. VA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO [

STATE

STATE

HTILITY CO

2:57P

IF UNDER 24 HRS

1987

IF UNDER 1 YEAR

INDUSTRY

PLEAU

YES [

COUNTY

COUNTY

250 DATE REC'D. BY REGISTRAR 251 REGISTRAR SIGNAT

22c DATE SIGNED

DHMH - 16 60M 7/73 (VR A 15 (4))

24 FUNERAL DIRECTOR

060814 JUL 28-87 ATE

3749 Baltimore Ave. Hyattsville, MD 20781

(VR A15 ME (5))

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE** NER'S CERTIFICATE OF DEATH 20. DATE KNOWN Chaples OF DEATH MATED DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE 55 BIRTHDAY) 09715/31 PRONOUNCED 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's Pennslyvania U.S.A. DIVORCED XX WIDOWED [ O. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY SUAL RESIDE HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e STREET ADDRESS 13c. CITY OR TOWN JA COUNTY 13d INSIDE CITY LIMITS? 8514 Allentown Rd Camp Springs YES X NO Maryland P. G 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Alexander Lydic, Sr. Charles Jessie 7 INFORMANT ADDRESS P.O. Box 51 TAN SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Rosamond Calif. 93560 181-22-6990 Dorothy L. Goode APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse pur and for [a], (b), and (c) ETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED SEXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL (INJEWN) PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFIRE DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE ( DUE TO AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNEB SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 · g 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY Inspection . 220 I certify that I took charge of the remains described above, held an Autopsy and in my opinion deoth resulted from: Natural causes Accident Suicide Undetermined monner SIGNATURE MEDICAL EXAMINER 5009 Rayburn Ct , Temple Hills, MD EXAMINER'S NAME Augusto P. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE Clinton Prince George's Md. 07/30/87 Resurrection Cemetery Burial 07/84 250 DATE REC'D. BY REGISTRAN 7356 RECISTRAP'S SCALE OF 25M Lee Funeral Home, Inc. 24. FUNERAL DIRECTOR Old Alexander Ferry Rd Clinton Md 20735 (VR A15 ME 6633

STATE OF MARYLAND

061853 VAR - 184 Combining 2714 Pellin Burn Care The state of the s Commence of the great policy of the state of The second of th HAUB O'A FREE July Spinson Bush

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	STATE	OF	MARYLAND
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DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN
DEI WILLIAM	01	HENEIH	MIAN	INFIATIVE	III OILIV

h.	FOR STATE OF GISTRAR			OF HEALTH AND MENTAL HYOTIFICATE OF DEATH	GIENF REG NO.	1 7
	CEASED NAME	SIMPSON	MIDDLE	LYLE	7-15-87	DAY YEAR 126 HOUR LA 130 PM
3. SE	MALE	4. RACE	D. DA	16 OF BRIH 6 - 13 - 00	6. AGE (IN YEARS LAST BIRTHDAY)  YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	IRTHPLACE (STATE OR FO	4.		RRIED NEVER MARRIED DWED DWORCED	9 BALTIMORE CITY OR COUNT	broigs MD.
Ĝ	dushi	11. NAME OF OF NOT IN, SUC	HOSPITAL, NURSING HOMES HOMES ADDRESS LIMITED L	Dools)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L  BARBEL RE	IFE) INDUSTRY SAUF
13a S		36 COUNTY MONT	GIVE RESIDENCE BEFORE ADMISS	13d. INSIDE CITY LIMITS?  YES NO   15. MOTHER'S MAIDEN NA		AVENUE 20912
	WILLIAM	WIDDIE	LYLE	IDA	MIDDLE	LAST
	WAS DECEASED EVER IT	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	577-07-805	74 RECORDS ON	FILE & FANILY OF	DECEASED
	PART I. DEATH WA	(Enter only one couse per S CAUSED BY: MMEDIATE CAUSE (a)	line for (0), 16), and (c).)  auto Co	deopulonorus	y arest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony,	which ( (b)_	R AS A CONSEQUENCE C	D	/	1981
	underlying couse	fost.	R AS A CONSEQUENCE C	arrythmic	a	1981
TION	Divert	Telosis,	Dowly a	rthrito	AINAL DISEASE OR CONDITION GI	
CERTIFICATION	190 DATE OF OPERATI		ITION FOR WHICH OPERA	ATTEMPT OF THE	YES NOW Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
MEDICAL CE	OR CONTRIBUTING A	LEXAMINER) P.	M. MONTH DAY YE M.	AR	RED (ENTER NATURE OF INJURY IN ITEM IB	PARI I OR PART 2)
MED	21d INJURY OCCURRE	E (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased above (I) (ma) (di	this hospital) attended to colive on	X7 19	0	deoth occurred on the date and ha	. 19, that (1) (we) lost ur and from the couses stated
	DBP J	Twik III	70		MEDICAL STAFF DIRECTOR PHYSICIAN	7/15/87
	6 B P	1	I MO	22e ADDRESS 911	Spring, Md	20910
23a. E	BURIAL, CREMATION, 9			OF CEMETERY OR GREMATORY	23d. LOCATION	COUNTY MATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is morked or Item 18 spows ony injury, or other

24. FUNERAL DIRECTOR

DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

198

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		CERTIFICATE OF DEATH	77 RP-3	1280
7 4 6 JUL 21	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
page ?	EDWA	ARD JOHN	MALLEY		1-22-8+ (=80pm
ma.	3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 RS MONTHS DAYS HOURS MIN.
ecto rs af	Male	Caucasian	March 21 1942	45	YRS MIN.
Poor Poor	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED		R COUNTY OF DEATH
n 72	Pennsylvania	U.S.A.	WIDOWED DIVORCED	PRINCE C	SEORGES COUNTY MD
De 271	10. CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI	
ed the	CLINTON	SOUTHERN MARY		Quantex - N	F WORKING LIFE) INDUSTRY  Manager Solar Energy
be fin h	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		
Fille Sind	Maryland Mont	gomery Gaithers		915 Cloppe	ZIP CODE 20878
2 sho	14. FATHER'S NAME		15 MOTHER'S MAIDEN N	AME	
是与之	Edward	M. Malley	Louise	, MIDDLE	Audia
- 0	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRE	SS
Poges	Yes 1961-	1966 172-34-	0010 Louise D. N	Malley 221 Nor	th Ray St.
ers. I				rarrea Newc	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
pap pap nava ent,	PART I. DEATH WAS CAUS			P. 1.	
ng p rem	IMMED I/	TE CAUSE 10) HOLD CO	rcinoma of Unkno	wh mary	with 7 mos
cor , or		DUE TO, OR AS A CONSEOU	ENCE OF DAY	metastases	
nove	Conditions, if ony, which gove rise to immediate	(b)	- V		
the reg	couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU	ENCE OF		
pleas		( 10)			
signe en p		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
in Th	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	I'm constraint constraint	OPERATION WAS PERFORMED	I an any open a	Total de Me Constitution de la C
os por le pr	2 IVII DATE OF OPERATION	196. CONDITION FOR WHICE	OPERATION WAS PERFORMED	200 AUTOPSY?	106. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
show	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21. HOW BUILDING CO	YES NO	YES NO
I-front of Hy	OR CONTRIBUTING CALLES OF D	-	AY YEAR	RRED (ENTER NATURE OF INJUR	RY IN ITEM IS PART I OR PART 7)
rio Fent	(IF EITHER NOTIFY MEDICAL EXAMIN		19		
this and w	(IFEITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC.)  211 LOCATION  STREET	CITY OR TO	WN COUNTY STATE
os that the orke	AT WORK AI WORK		0	200	0.5
R: A use deal		man attended the deceased from.	19 d	T to July	, 19 T, that (I) (we) lost
2 af # 12	saw the deceased alive a above, (1) (we) (did) (did)	ot) view the body after death.	, and that in (my)-(aus) opinio	n death accurred on the do	e and have and from the causes stated
IRE ched sept	776. SIGNATURE	1.0	DEGREE		27c. DATE SIGNED
AL Detoc	(a)	In years 50.	ATTENDING PHYSICIAN	MEDICAL STAF	
FUNERAL old be de h the State ORTANT:	224. PHYSICIAN'S NAME (TYPE		22e ADDRESS		
J 0	Kai - Yih	YEUNG YEUNG	18926 WE	must d Kd +	£ 201 Clinton, Hd20131
should with MPO	23a BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY		
	(SPECIFY) Burial		Vitus Cemetery		leLawrence Pennsylvan
	24 FUNERAL DIRECTOR				
1 - 16 60M 7/B4	NAME	ADDRESS CONTROL	Oxon Hill Rd. 259 P	L 24 1987	julia Devideon-Randallo
(VRA 15, 4)	George P. Kalas	runeral home Uxo	on Hill, Md.	1307	W

ING THE WORD "PEI ED TO THE CHIEF M 3 SHOULD BE USED A PEPARTMENT OF HEA PRIOR TO BURIAL, C TO MEDICAL EXAMINER: 17
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER BEATH, WITH THE ST. BALTIMORE, MARYLAND, 2

CONTRIBUTING CAUSE OF DEATH 19 214 INJURY OCCURRED 71e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK Inspection 22a I certify that I took charge of the remains described above, held on Autopsy ond in my apinian death resulted fram: Notural causes Accident Suicide Homicide L Undetermined manner TITLE (SPECIFY)

EXAMINER'S NAME (TYPE OR PRINT)

SIGNATURE.

Augusto P. Rodriquez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD

Cremation 7/25/87 Metropolitan Crematory Alexandria

STATE

PLODING STEIN HEBREW MEMORIAL FUNERAL HOME CARROLL STREET, N. 100 WESS, WASHINGTON, D. C. **DHMH** - 17 (VR A15 ME (5))

Deputy

250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

			18 5- 37
5 Kell 5			
as well as			
	Called Special Control	Marie San Marie	
10 14 14			
Market X	Trade garaged a my	State According	
X			
1242	ythera m		
		mios s ( 1 - 1 \est) i i i i i i i	

4. IF ANY DELAY IS NECESSARY, PLEASE
2, AND 3 TO THE FUNERAL DIRECTOR.
3. RETAIN PAGE 5 FOR YOUR FILES.
2. SHOULD BE FILED, WITHIN 72 HOURS.
4. RECORDS, 201 W. PRESTON STREET,

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEU EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM, PAR 3 RETAIN P TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND 2.8 HOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WALL RECORDS, BALLWORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

07/84 25M

> DHMH - 17 (VR A15 ME (5))

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 RED. NO. 2 3 2

1		EASED NAME	FIRST		WIDDLE		LAST		20 DATE KNOWN	HINOM	DAY YEAR	26 HOUR	
	(1176	. OR PRINTI	Bessi	e 1	Lee		Martin		OF ESTI-	7	19987	M	
	3 SEX	4	RACE	5. DATE OF BIRTH	6 AGE (IN YE	ARS IF UN	DER 1 YR. IF UND	DER 24 HRS	2c DATE	MONTH	DAY YEAR	26 HOUR	
	Fe	emale :	Black	October 14	4,1901 8	MONTH	S DAYS HOURS	MIN,	PRONOUNCED DEAD	7	19 19 87	8.55	
	70 BIR	RTHPLACE (STATE	E OR	76. CITIZEN OF WHA		2	ED NEVER MA	DDIED IV	9. BALTIMORE CITY C	RCOUNT		A	
		ith Caro	lina	United Sta	ates	WIDOW	=	RCED	Prince Geo	rase	County,	440	
	10 CIT	Y OR TOWN OF	DEATH		ITAL, NURSING HOME	, OR OTH	ER INSTITUTION		UAL OCCUPATION (TYPI		12b KIND OF 8US OR INDUSTR	SINESS	
		neverly		Prince Ge	nity, give street address) eorges Gene	orges General Hospital H				Homemaker Domes			
1	USUAI 13a ST	L RESIDENCE (IF) ATE	IN NURSING HOME DI	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN	ON)	1134 INSIDE CITY LIMITS	?  13e STI	REET ADDRESS				
h	Mar	cyland	Prince	e Georges	Seat Pleas	sant	YES 🕅 NO	□ 509	9 - 70th Pla	ace,	(20743)		
	14. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MA	IDEN NAM	E MIDDLE		LAST		
1		Willie			Martin		Ophel:	ia		(1	(unknown)		
	16e. W	AS DECEASED E	VER IN U.S. ARM	AED FORCES?							20743)		
	,,,,	No	14 163, 0116 1	TAN ON DATES!	578-56-90	20	Bessie	M. Bush	n(niece)Seat	: Ple	easant,Md.		
-		18 CAUSE OF D	DEATH (Enter only	y one couse per line fo	or (o), (b), ond (c).)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) Blunt Trauma									BETWEEN ONSES	AND DEATH	
	- 4	DUE TO, OR AS A CONSEQUENCE OF											
			if ony, which to immediate	(b)									
	- 1	couse (o) sto	oting the under-		S A CONSEQUENCE O	OF.							
		lying couse	lost.	(c)									
		PART 2 OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASI	OR CONDITION GIVEN IN	PART 1 Id					
		Arteriosclerotic cardiovascular disease and arthritis											
1	CERTIFICATION	19a. DATE OF OF			ON FOR WHICH OPERATION WAS PERFORMED?						20 AUTOPSY?	-	
	Ħ	Mary Partie		9.1							YES X	NO 🗆	
4	X N	21a EXTERNAL C		216 TIME OF I		216 HOW INJURY OCCURRED (ENTER MATURE OF INJURY IN ITEM 18 PART I					RT 2)		
3		UNDERLYING CONTRIBUTING	LXOR CAUSE OF D		MONTH DAY YEAR		abject wa	s heat	ten				
1	ĕ	214 INILIRY OCC	CURRED	21e. PLACE OF	FINJURY (AT HOME.	21f. LO	CATION	D DCG					
	¥	WHILE AT WORK	NOT WHILE	STREET, FACTOR		509	70+h Dl	20-50	eat Pleasan		nce Ceo	STATE MD.	
						1.9 4 .	17				1000	PID.	
				of the remains descri			_			id in my op	inion		
		death resulted	trom: Nature	ol couses 🔲 , A	Accident L, Sui	cide	, Homicide X		termined monner,				
		ACTUAL	Malin	to A al	March		TITLE (SPECIFY)			DATE	7 20 0	7	
20		SIGNATURE	110	une	1-411	M	.o. Assista	MED_MED	DICAL EXAMINER	SIGNE	7-20-8	1	
1		EXAMINER'S NA	Marga	arita A K	orell, M.D		11	1 Deni	n St., Balto	o Mid	21201		
4		(TYPE OR PRINT)			123c. NAME OF CEA				OCATION	J. PO	. 21201		
	(SP	Buri		07/25/87				CITY	Suitland, P.	G CO	.Maryla	bo	
	24 FU	INERAL DIRECTO	10			1701110	25a. DA		Y REGISTRAR 256 REGI	STRAR'S S	IGNATURE		
	30	31 Coord	LATNEY	's Funeral	L ноте nington,D.C	20	011   10	1731	1981 Julia	Durid	un. Budal	la.	
	100	DI GEOLG	TO WACII	ac / TALL . LICENT									

DE HOL

061663	EOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
A	STATE STATE	MEDICAL EVAMINEDIS CEDTIEISATE OF DEATH	d. No. 2 8 3
Pro-	(TYPE OR PRINT)	MIDDLE LAST 20. DATE KNOV OF EST	- 121 ON
EASE TOR. DURS SEET,	3 SEX 4 RACE	S DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YOU IF UNDER 24 HRS. 2c. DATE	D Z 7/3/ 19 M
ARY, P. DIREC. DIREC. OUR F	Female Black	Sept. 16, 1932 YRS MONTHS DAYS HOURS MIN PRONOUNCED DEAD	7/31 108784
NECESSARY, PLEASE UNFRAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS THEESTON STREET.	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, D	D. C. USA    Never married   P   P   P   P   P   P   P   P   P	
V WERES V	Mary land	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 3628 Type Property Special Property Secretar Secretar	OR INDUSTRY
D. 21201 IF ANY DELA 2. AND 3 TO 3. RETAIN P. SHOULD BEI	USUAL RESIDENCE (IF IN NURSING HOME 130 STATE Maryland 136 COU	ME OR OTHER INSTITUTION, GIVE RESPENCE BEFORE AUMISSION)  PG	ol Drive 20784
ALTIMORE, MD. AFTER DEATH. IF VE PAGES 1, 2, 1 4 FORM PM 3 4 FORM PM 3 5 SION DEVIKAL	14 FATHER'S NAME Joseph Rosenb	borough  15. MOTHER'S MAIDEN NAME Pauline William	S
BALTIMORE, MD S AFTER DEATH GIVE PAGES 1, 2, ITH FORM PM 3, PAGES 1 AND 26 (VISION DEWINA)	160. WAS DECEASED EVER IN U.S. AI (YES, NO, OR UNKNOWN) (IF YES, GIV	ARMED FORCES?  166. SOCIAL SECURITY NO. 17 INFORMANT AD  579 46 9687 Carlos Martinez-s	on-969 St. Michae
CRDS, 201 W. PRESTON ST., E ESCUTED WITHIN 24 HOUS DINCE IN PERCON ITM 18, EDICAL EXAMINES ALDING W S A BURIAL "YOUR FEMALY IT AND ARMIAL HYGIENE. ERMATION, OR PEMONAL.	Conditions, if any, which gave rise to immediate cause (a) stating the lying cause lost.  PART 2 OTHER SIGNIFICANT CONDITION	DIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF	APPROMISE AND DEATH  ANCILLA OUTSIAN AND DEATH
TAL RECCI HOULD BE RD "PEND HHEF MED HHEF AEI HOED AS OF HEALT REIAL, CRE	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD " ROED TO THE CHIEF RE 3 SHOULD BE USE RE 3 SHOULD BE USE RE 10 FROR TO BUSE RE 10 FROR TO BU	S UNDERLYING OR CAUSE OF	DF DEATH P.M. 19	
DIVISI E. WRITING E. WRITING PAGE 3 SI STATE DEP	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
MEDICAL EXAMINER: ECUTE THE CERTIFICATION OF 4 SHOULD BE FOR FUNERAL DIRECTOR: ITMORE, MARYLAND	death resulted fram: Not ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)		ond in my opinion  DATE 7/31-87  SEMPLE Hills, MD
07/84 BP	Burial, CREMATIO KI MOVAL Burial	Sat. Alg. 1, 1987 Harmony Memorial Par	
DHMH - 17 (VR A15 ME (5))	Stewart Funer	Home-4001 Benning Road NAUG 3 1987	Julia Scoidern-Rondoll

राज त्र-स्थारेश है ने विषे वि Miller Street Phileson P. Sulle 31.22 / plat place Busic Ten reducte conducer ing the or

All the first of the second of

25M

**DHMH - 17** 

(VR A15 ME (5))

## STATE OF MARYLAND

		ALTH AND M				NO.	8 4	ł	
MIDDLE		Maxwell			20 DATE KNOWN OF ESTI- DEATH MATED	X MO	7/3	YEAR 19 87	2b HOUR
IRTH	6 AGE IN YEARS	IF UNDER 1 YR.	IF UNDER 24 HRS.		2c. DATE	MOI	MONTH DAY	YEAR	24 HOUR
1, 1936	50 YRS.	MONTHS DAYS	HOURS	MIN	PRONOUNCED DEAD		7/3	19 87	7:55 A. M
F WHAT COUN	TRY? 8.	9 BALTIMORE CITY OR COUNTY OF DEATH							

Female	Black	Oct.	21,	1936	50	YRS.			
To. BIRTHPLACE (		7b. CITIZE	N OF W	HAT COUN	TRY?	8.			
Virgin	ia	USA							
10 CITY OR TOWN	TI NAME OF HOSPITAL NURSING HOM								

S. DATE OF B

Jerdenia

4 RACE

IDOWED NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 9737 Good Luck Road, #3

DXXX Prince George's County
120 USUAL OCCUPATION (TYPE OF WORK 120. KIND OF BUS Medical Reception-Secretar

20 AUTOPSY?

7/3/87

NO X

STATE

USUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GI 136. STATE 138. COUNTY Maryland Prince George's	13c. CITY OR TOWN	134. INSIDE CITY LIMITS? 136 STRE		Road, #3
Jerry Ross	LAST	Alice Jones	MIDDLE	tast .
168. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 578 50 615	17 INFORMANT 5 Alice Ross	ADDRESS -mother-7	09 56th PlN

<ol> <li>CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED BY</li> </ol>	ne cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL ETWEEN ONSET AND DEAT
IMMEDIATE C		
	( DUE TO, OR AS A CONSEQUENCE OF	
Canditians, if any, which gave rise to immediate	chronic myocardial disease and kidney failure.	
cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
	(c)	

ION WAS PERFORMED?

	None
19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT
Non€	
21a EXTERNAL CAUSE WAS	21b. TIME OF INJURY

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) None

Inspection

HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK

22a. I certify that I taak charge of the remains described above, held an

211 LOCATION STREET CITY OR TOWN Inquiry X

death resulted fram:	Natural causes X, A	Accident Suicide ,
ACTUAL SIGNATURE	John S.	Cores
		(//

Hamicide Undetermined manner ITLE (SPECIFY) Deputy

1919 Seminary Road Silver Spring, Montgomery County, MD

(TYPE OR PRINT)	John S.	Rogers	M.D.
30. BURIAL, CREMATION REMO	DVAL IN DATE	0060	3c. NAME OF

23c. NAME OF CEMETERY OR CREMATORY Minerin Cemetery

Autopsy

23d LOCATION Brentwood, Maryland

and in my apinian

24	FUNER	AL D	IRE	CTI
	NAM		-	100
0	t er		4	. /

DECEASED NAME (TYPE OR PRINT)

Lanham

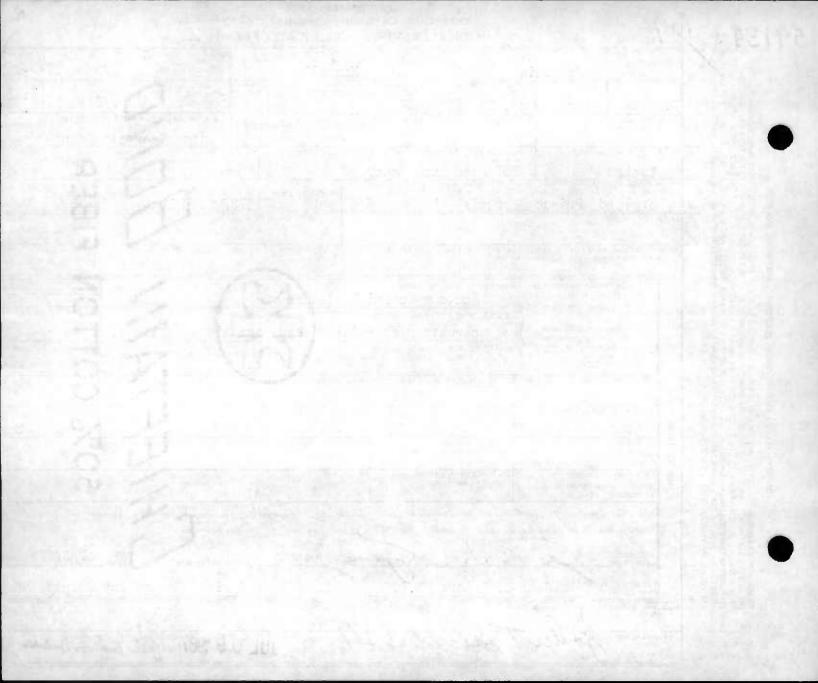
3 SEX

Burial

MEDICAL CERTIFICATION

DEPARTMENT OF

Benning Road



STATE OF MARYLAND

TUTO THE NOTE BOOK SOUT Josephia Caldwell Morean eve as acks | Louis C. edaba, same an list

4739 Baltimore Avenue Hyattsville, Md. 20781

(VR A15 ME (5))

STATE OF MARYLAND

07/84 25AA

**DHMH - 17** 

(VR A15 ME (5))

23a BURIAL CREMATION REMOVAL 23b DATE REMOVAL 7/ 23/87

ALEXANDER S. POPE-2617 Pa Ave SE Wash DC

24 FUNERAL DIRECTOR

Baker Funeral Home

23c. NAME OF CEMETERY OR CREMATORY

Maxton. BY REGISTRAR 256, REGISTRAR'S, SIGNATURE Julia Dandion.

North Carolina

23d LOCATION

San State of the State of the					FOR STATE REGISTRAR		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH 8 / REGNO. 1 2 8 8								3	
06	0.7	2.2	JUL	27	SED NAME	CARL	WALT	ER	MC G	NLEY		JULY		, 1987	YEAR	10:05A <sub>M</sub>
	ige 4 may	rector, pours ofter d		3. SE	male	4	RACE white		5. DATE O MONTH Sept	DAY	YEAR 1929	6 AGE (INY)	EARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	a Light	unero di	77		RTHPLACE (STATE OR OUNTRY)		USA		MARRIE		ORCED	Prin	ce Ge	county o		MD.
201	urs ofter	by the f	83	I	ty or town of dea	/ 1	Doctors	Hosp	ursing home of street address)			120 USUAL ( (TYPE OF WORK TOOL	FOR MOST OF	WORKING LIFE)	INDUSTRY	empConst
LAND 21	un 24 hau	y filled in		13a. S	TATE MD	135 COUNT Calv	Υ	13t CITY OR			NO 🔣			zip code Jandino	Rd/2	0639
E, MARY	suted with	complete	\$10	J	_ FIRST	thanie		cGinle	Y SECURITY NO	Callie		ucille	ADDRES	Balla	ard	1
BALTIMORE	be exec	tion and	he medic		es, no or unknown)	n/a	WAR OR DATES)	414-4	0-3139		F. McC	Ginley	(sam		<b>■</b> APPROVI	MATE INTERVAL
7	certificate	ng physic	ic event, t		PART I. DEATH W	AS CAUSED  IMMEDIATE	BY.	line far (a), (	Cord	un o	aus t				BETWEEN	MATE INTERVAL DNSET AND DEATH
PRESTON ST	ne deoth	e ottendi	Toumot		Conditions, if ony gave rise to imi	mediote	(b)_		SEOUENCE OF	Usub	elar T	Th	1 col	Du -	10	nen
201 W.	es that th	please re	ry, or other		underlying cause	last.	(6)		TO DEATH BUT	OUT RELATED	Den TO THE TERMI	NAI DISEASE	OR CONDI	TION GIVEN	IN PART I	en
DIVISION OF VITAL RECORDS,	low requir	ermit Then	s ony infury	CERTIFICATION	19a DATE OF OPERA				HICH OPERATIO		23.1	200 AUTC	PSY?	20b. IF YES, V	VERE FINDIN	GS USED
OF VITAL	CIAN: The	al-tronsit p	Item 18 sho		21g ACCIDENT WAS UNI	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	H DAY YEAR	21¢ HOW INJ	IURY OCCURR	YES	NO LANGURY	YES	_	NO []
NOISION	actending	iter this ce	rked or Ite	MEDICAL	21d INJURY OCCUR	RED	21e PLACE	OF INJURY	FFICE, FARM, ETC.)	211 LOCATIO STREET	N		CITY OR TOWN	N	COUNTY	STATE
	ATTENDIF	d for use of	m 21 is mo		270 I certify that (I) saw the deceas above, (I) (we) (	ed alive on	7/1	9	19 <b>17</b> , ar	d that in (my) (	, 19	, to	d on the date	e and haur o	nd from the	
	by the h	e detoche	T.T.		226 SIGNATURE	Jul	C Wyl	ulV	QN	A P	TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	NN 🗆	TIL DATE	19177
	TO HOSP retoined	TO FUNERA should be de	MPORTANT	22- 0		JTA1		mes		5806	BrH	trace	Ave	- He	12 otto	14 md 2078
				230. B	URIAL, CREMATION,	KEMOVAL	738. DAIE	77	23c. NAME OF C		REMATORY	23d LOCA	DRIOWN		OUNTY	STAIE

Miranda Memorial

DHMH - 16 60M 7/84

BP.

24 FUNERAL DIRECTOR
NAME RAUSCH (VRA 15, 4)

Burial

FH OWINGS, MD 20736

7-23-87

ATORY 23d LOCATION COUNTY
Huntingtown Calvert N
750 DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

STATE MD

all harries his Marchanter 1/A June 3 + 577

BP.

DHMH - 16 60M 7/ (VRA 15, 4)

lirector, page 3

4 may be

ST	A	TE	OF	M	AR	YL	AND	
 	-				100			

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 87 REG. 21289

		CEASED NAME FOR PRINT)	CHARL		F.		GUIRE		20. DATE OF DEATH	MONTH 07	DAY YEAR	26 HOUR	) AM
	3 SE	Male		4 RACE White		5. Date Of BIRTH Feb 17 1914		6 GE IJN YEARS LAST	BIRTHOAY) YRS	IF UNDER 1 YEAR		_	
1	76 BIRTHPLACE (STATE OR FOREIGN TO Washington DC			USA		8.  MARRIED NEVER MARRIED  WIDOWED DIVORCED			PRINCE GEORGES COUNTY				
14	(	CHEVERLY		PRINCE	NAME OF HOSPITAL, NURSING HOME OF HOSPINCE GEORGES HOSP     THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.  THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.				126 USUAL OCCUPATION (IVE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Electrical Engineer Pepco				
NT: If them 21 is marked or them 18 shows any injury, or other traumatic event, by intelliging ammer must be	130. S	at residence (# NC STATE arvland ATHERS NAME	13b COUN		13c. CITY OR TOW	N I	13d INSIDE C	№ □	13. STREET ADDRES 2901 Ea	s/ZIP COU	renue	20747	7
		Colin WAS DECEASED EVE		MIDDLE C	C McGuire				MIDDLE Curan				
		YES, NO OR UNKNOWN)		E WAR OR DATES)	346-01	1			McGuire		Same as	; #13	
	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF										н	
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.  (b) CRRMARY RATERY DISC ASE  DUE TO, OR AS A CONSEQUENCE OF											
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
		190 DATE OF OPERATION				OPERATION WAS PERFORMED		200 AUTOPSY? YES NO	IN CERT	ES, WERE FIND TIFYING CAUSE YES []			
		21a, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER		HOUR A.M. MONTH DA		19		RED (ENTER NATURE OF IN	JURY IN ITEM 18	) PART I OR PART 2)			
		WHILE NOT	WHILE D		DE INJURY EET, FACTORY, OFFICE, F	ARM ETC )	211. LOCATIO		CITY OR	TOWN	COUNTY	STATE	
	8	220.1 certify that (1) (this haspital) attended the deceased from, 19, ta											
		DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR											
MPORTANI		K 202	EPH		THEW		22e ADDRES	ives	g Ken.	on of	7/L A-	57.	
_	Burial 21JULY 1987					Resurrection Cemetery Clinton PG 111d							đ
7/84	Funeral Home Suitland, Md. 250 DATE RECT 27 PROGRESS REGISTRANS SIGNATURAL PROPERTY OF THE PROGRESS OF THE PRO												

- STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	7	Û
DAY	YE AR	26 HO

REGISTRAR REG. NO CECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) MIB 3. SEX 4 RACE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 7a BIRTHPLACE ASTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [ NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120. USUAL OCCUPATION
(TYPE OF WORKING LIFE) ID CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS INDUSTRY FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES GIVE WAR OR DATES) APPROXIMATE INTERVA-BETWEEN ONSET AND DE 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to: DUF TO DR AS A CONMIDMENICE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? NO YES T NO [ sha Hyg 7 In ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 ž 214 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) D NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) apinion death accurred on the date and hour and from the causes stated saw the deceased alive on the body after death. 77k SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 226 PHYSICIAN'S NAME TTYPE OF PRINTS 22e. ADDRESS 23 BURIAL, CREMATION 23b. DATE

DHMH - 16 50M 4/82 (VRA 15, 4)

FOR STATE REGISTRAR

EPARTMENT OF HEALTH AND MENTAL	HYGIENE	
CERTIFICATE OF DEATH	REG. NO.	2
LAST	30. DATE OF DEATH	DAY

23	81	CEASED NAME FIRST		WIDDIE		AST		30. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR 5A
		Edward	Н		McNe			Jan.	11,	1987	M
	3 SE	× Male	Black		5. DATE O	H DAY	YEAR	6 AGE (IN YEARS LAST BIR Newborn	THDAY)	MONTHS DATS	HOURS MIN.
3		RTHPLACE (STATE OR FOREIGN COUNTRY)  aryland	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MAR		Prince Geo	R COUNTY		MD.
74	C	nty or town of death heverly	Princ	HOSPITAL, NURSING FACILITY, GIVE STREET  e George	ADDRESS)	OR OTHER INSTITU	TION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C	ION	12b. KIND C	OF BUSINESS OR
24	13a. S Ma	AL RESIDENCE (IF NURSING HOME OF DETATE 136 COULT	PG PG	Suitlan	admission) d			3419 Parkw	ay Te	rrace #	50746
E	)		Henry	McNeil			ethia	WIDDLE		Coppedge	
/		VAS DECEASED EVER IN U.S. AR	RMED FORCES? VE WAR OR DATES)	16b SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRI	ESS		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per ED BY: TE CAUSE (0)	ASPHYX(4	NE NE	ONATORI	Jm			BETWEEN 3	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate	DUE TO, O	RAS A CONSEQUE	NCE OF R	Rematu	RITY			3 Hz	1
		couse (a), stating the underlying couse last.	(c)	r as a conseque							
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE									EN IN PART 10	0
2	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	IN CERTIF	, WERE FINDIN	OF DEATH?
7	-	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.								
	MEDICAL	21d. IN JURY OCCURRED  WHILE NOTWHILE AT WORK	ZIE. PLACE			711. LOCATION		CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1) (this hasp saw the deceased alive on		111 190		nd that in (my) (our	9 <u> </u>	eoth occurred on the de	ote and hou		that (I) (we) last causes stated
		77% SIGNATUR	·W		an	DEGREE ATTE PHYS	NDING SICIAN	MEDICAL STAI		220. DATE	SIGNED
		224 PHYSICIAN'S NAME ITYME	OLNING)			22e ADDRESS					
		STEVE ~ /	. WYN	en, mo		PRINCE (	resul	s berl,	Holf.	chtvary	mo
	(	STEVE ~ 1				EMETERY OR CREA	Hosp.	23d LOCATION CITY OR TOWN Cheverly REC'D. BY REGISTRAR	I		ryland

DHMH - 16 50M 1/8 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

	FOR		D		OF MARYLAND ALTH AND MENTAL	HYGIENE	292
	STATE REGISTRAR		MED	ICAL EXAMINE	R'S CERTIFICATE		2-100
TYP	CEASED NAME			WIDDLE	LAST	20 DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 26 HOUR
18 J. SEX	X	4 RACE	5. DATE OF BIRTH	Fredric 6. AGE (IN YEARS	MEADE IF UNDER 1 YR. IF UNDI	ER 24 HRS. 2c. DATE	7-12-87 19 /
Ma Ma		White		959 28 YRS.	MONTHS DAYS HOURS		7-12-87 19 2:43
Ge	RTHPLACE (ST PREIGN COUNTRY) Ermany		U.S.A.		MARRIED   NEVER MAR	RCED   Prince Geor	ge's County MI
) M	It. Rain	ier	3720 3	PITAL, NURSING HOME, ( JULY, GIVE STREET ADDRESS) 7th Street	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE O Repairman	F WORK 126 KIND OF BUSINESS OR INDUSTRY Appliances
3 Må	ryland	Princ		Mt. Rainier		3/20 3/th Stree	et 20712
2/	ATHER'S NAME		WIDDLE	LAST	15. MOTHER'S MAI	DEN NAME	LAST
	Frederi WAS DECEASED		Watson RMED FORCES?	Meade Jr	Ruth	C. ADDR372	0 37th Street
No	WAS DECEASED ES, NO, OR UNKNO	WN) (IF YES, GIVI	E WAR OR DATES)	214-78-609		Meade (Mother) Mi	
AEDICAL CERTIFICATION	gave ris couse (o) lying cou	ns, if any, which to immediate stating the <u>under</u> se last.  GNIFICANT CONDITIONS	DUE TO, OR A  (b)  DUE TO, OR A  (c)  CONTRIBUTING TO DEATH BI	UNSHOT WOUND  AS A CONSEQUENCE OF  UT NOT RELATED TO THE TERMINA  ON FOR WHICH OPERAT	L DISEASE DR CONDITION GIVEN IN	PART 1:0	20 AUTOPSY?
JRIA TIFIC							YES 📉 NO 🗇
	UNDERLYING CONTRIBUTIN	CAUSE WAS OR NG CAUSE OF	DEATH ? PMP.M.	7-12-8719	self/inflic	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
MEDICAL	21d INJURY C	OCCURRED	21e PLACE O	FINJURY (AT HOME, DRY, FARM, ETC.)	3720 37th S	treet Mt. Rainier	S, Maryland STATE
	220 I certification death results  ACTUAL SIGNATURE  EXAMINER'S I	ed from: Notu	pie Bre	Fibed obove, held on Accident , Suncia	11001000	nt_MEDICAL EXAMINER  11 Penn Street	DATE SIGNED 7-13-87
230 BU	-	ION, REMOVAL		23c NAME OF CEME	ERY OR CREMATORY	23d LOCATION	COUNTY STATE
(5)	Bur		07/17/87	Fort Linco	In Cemetery	Brentwood FEREC'D. BY REGISTRAR 256 REGIST	G. Maryland
FT . 61	LINERAS DIRPT	LOP - I-I - C	ons Funera				

STATE OF MARYLAND

and asking the control of the same of the control o The water to the wife to be the second The state of the s to alite along, to arrive and all along the language of a complete at the

Md

Old Alexander Ferry Rd Clinton,

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 20. DATE KNOWN (TYPE OR PRINT) Michael DEATH MATED 19 87 Lawrence Miles IF UNDER 1 YR 3 SEX . DATE OF BIRTH 2d HOUR IF UNDER 24 HRS 2c. DATE :23 PRONOUNCED 30 Caucasian 01 DEAD Male 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, DC United States DIVORCED Prince Georges ID. CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Smithsonian Prince Georges General Hospital Refrigeration Mech Cheverly Prince George's Riverdale Maryland 5802 Rittenhouse St. 20737 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Kenneth Miles Doris Sigmon 6607 Stockton Lane No Sandra Miles 217-70-3203 Hyattsville, MD 20784 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX. MONTH DAY UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 7 . 25 P.M. Driver of auto/auto collision 21e PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC. COUNTY WHILE DOT WHILE Highway 1800 blk. East West Highway MD. warge of the remains described above, held an death resulted from Undetermined manner TITLE (SPECIFY) TO FUNERAL D AFTER DEATH ACTUAL DATE SIGNED 7-10-87 M.D. Assistant MEDICAL EXAMINER SIGNATURE Charles P. Kokes, M.D. 111 Penn St., Balto. Md. 21201 23c. NAME OF CEMETERY OR CREMATORY 238 LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE

07/84

**DHMH - 17** (VR ATS ME (5))

Burial Francis Gasch's Sons Funeral Home, P.A.

07/15/87

4739 Baltimore Ave. Hyattsville, MD 20781

Washington Nat'l Cemetery Suitland P.G. MD



STATE OF MARYLAND

1	STATE		DEPART		EALTH AND MENTAL HTG	IENE	10 1	25 5	- 1
13	REGISTRAR			CERTIF	ICATE OF DEATH	3 / RE	G. NO.	2. 9	1
	EASED NAME FIRS	T .	MIDDLE	L	AST	20. DATE OF DEA		DAY YEAR	26 HOUR
(TYPE	Paul	Wallad	ce	Miles			07-0	2-87	1.23AM
3. SEX	(	4 RACE		5. DATE C		6. AGE IN YEARS L	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Male	Caucas	ian	02	24 1918	69	YRS.	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIG	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE C	TY OR COUNT		
	ryland	United	States	WIDOWE	DE NEVER MARRIED DIVORCED	PRINCE	GEORGES		MD.
III CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120. USUAL OCCU			F BUSINESS OR
CH	HEVERLY	PRINCE	GEORGES	MEDIC	AL CENTER	Mechanic			ito
	L RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTION			A 121 IN SIDE CITY HAVITSO	13e STREET ADDR	FEE / 71D COL	or.	
		nce Geo.	Riverda		13d. INSIDE CITY LIMITS? YES X NO			y Rd.	20737
14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA	ME			
A	rthur	MIDDLE .	Miles		Maggio	MID	DIE	RA -4	
	AS DECEASED EVER IN U.		16b. SOCIAL SECU	IDITY NO	Maggie 17. INFORMANT	A	DDRESS	IVIAL	thews
	ES NO OR UNKNOWN)   LIEY	ES, GIVE WAR OR DATES)				(Wife)		as #13	
	No		225-05-	0004	Dolores Mile	s	<del> </del>		
	18 CAUSE OF DEATH (En	ter only one couse per	lington to tyle on	dicit	in			BETWEEN	MATE INTERVAL ONSET AND DEATH
		EDIATE CAUSE IO	Moun	MY	un .				
		DUE TO O	AL A CONSEQUE	NOT THE					
	Conditions, if any, which		1m 10	IM	11			- 15.00	
	gove rise to immedio	te ) ====	ALL THE	-0/1					
	couse (a), stating the underlying couse los	1 4005 100, 50	R AS A CONSEQU	MCE OF					
		1 (6)		<u></u>					
7	PART 2 OTHER SIGNALICA	ANT CONDITIONS CO	ONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION G	IVEN IN PART TO	0
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₹.	190 DATE OF OPERATION	96 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	20b AF YI	ES, WERE FINDIN	
Ē		1	/			YES T NO	_ /	ES T	NO
CERTIFICATION	210. ACCIDENT WAS UNDERLYIN	G 7 21b. TIME C	OF INJURY		21c HOW INJURY OCCURE	RED (ENTER NATURE C	OF INJURY IN ITEM 18	PART I OR PART 2)	
	OR CONTRIBUTING CAUSE	OF DEATH	M. MONTH D	71,00					
MEDICAL	(IF EITHER NOTIFY MEDICAL EXA		M.	19	211. LOCATION				
WEC		(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY	OR TOWN	COUNTY	STATE
	AT WORK AT WORK				- 6			6	
	220 I certify that (I) (this	hospital) ottended th	ne deceased from_	0	, 19	to	10	. 19	that (I) we) lost
	saw by a ceased oli	ye on	ofter death	, or	nd that in (my) (our) opinion	death occurred on	the date and ha	our and from the	couses stoted
	22b. SIGNA) UM	Id fidity view tipe body	oner deam.		DEGREE			22c. DATE	SIGNED
	100	1 . 1 10	mode	->	ATTENDING	MEDICAL	STAFF	17/2	1()
	22d. PHYSICIAN'S NAME	TYPE OF ORINITY	10 0.		PHYSICIAN -	DIRECTOR   P	NT SICIAN [		120-1
	I A STANKE	1			2 1 2 1 6	015	10	1	12074
	LEWIS H.	Wenni	400		1011 Addisa	nkd.	stat t	leasan	1,141)
230 B	URIAL, CREMATION, REMO	DVAL 236. DATE	23€ 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE

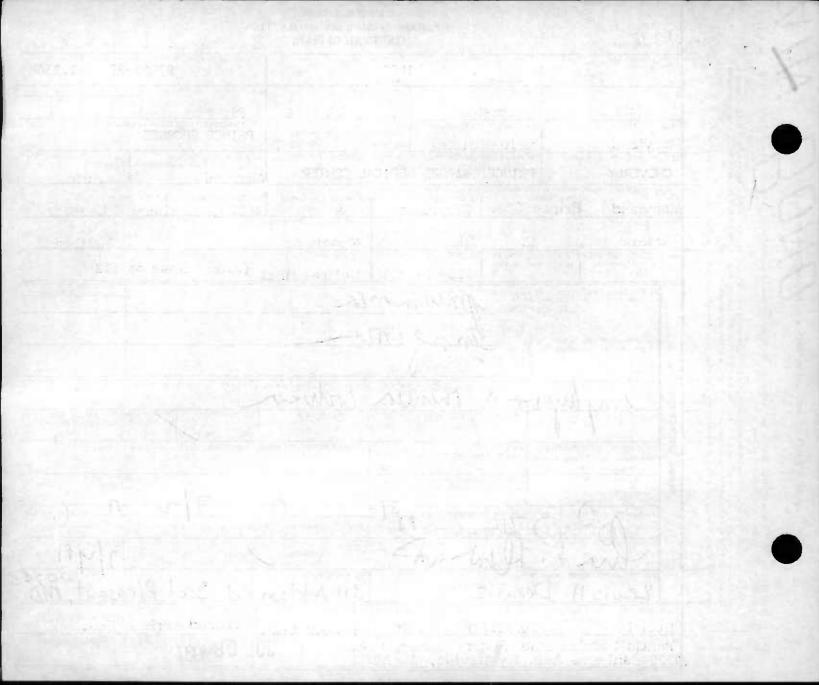
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

MPORTANT: If Hem 21 is morked or Hem 18 sha

Burial 07/07/87 Washington Nat'l Cem Suitland Prince Geo. MD

Francis Casch's Sons Funeral HOme, P.A.
4739 Baltimore Ave. Hyattsville, MD 20781



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

B7 REGISTRAR REG. NO DECEASED NAME MICOLE 20. DATE OF DEATH MONTH DAY LAPE OR PRINTI HFLEN 8.1987 2:100 M 3 SEX 4 RACE 5. DATE OF BIRTH MONTH Remale white Doc 1880 PE BIRTHPLACE ISTATE OF FOREIGN 16 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maruland WIDOWED DIVORCED Prince George's Co. IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY housewike Greater Laurel Nursing Home hame Laurel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1131. COUNTY 1131. CITY OR TOWN 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE P.G. Maryland Laurel YES XX NO 512 Gorman Ave. 20707 IS MOTHER'S MAIDEN NAME M FATHER'S NAME LAST Harder August Barn Augusta 166 SOCIAL SECURITY NO. 212 Nottengham Hill 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES, NO OR UNKNOWN HE YES GIVE WAR OR CLATEST 220 42 0937 August Millard Sherwood Forest, Md 21405 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse io, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fro sow the deceased alive on above. (1) (we) (did) (did not) view the body after death. , and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 27% SIGNATURE DEGREE 22t. DATE SIGNED ATTENDING MEDICAL STAFF PHYSIC IAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME LIVE OR PRIN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL cremation July 20, 1981 Westview Memorial Catonsville 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGN Donaldson Funeral Home P.A. Laurel, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

PORTAN

CERTIFICATION

as a service of the service of the

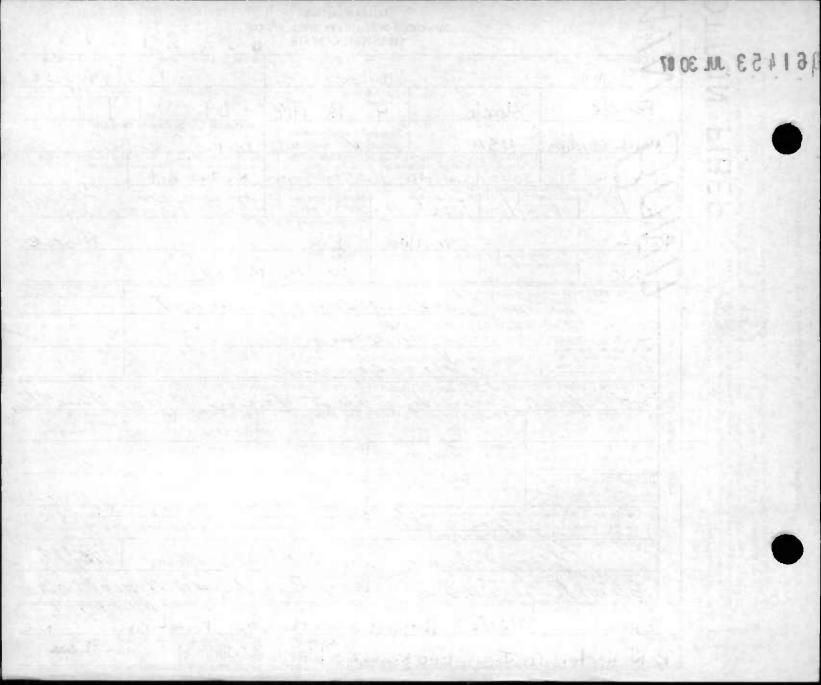
FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13	1	1)	0	1
REG. NO.	1	60	1	

1.113		1 -	REGISTRAR			CERTIFICAT	E OF DEATH	8 / REG	NG.	2 4	7
161	453 JUL 30		EASED NAME FIRST		MIDDLE	LAST		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
1	be oth		OR PRINT) MAG			mille	<		7 1.	5 87	313 PM
	Ter d	3. SEX		RACE		5. DATE OF BIRT	н	6. AGE (IN YEARS LAST I	_	FUNDER TYEAR	IF UNDER 24 HRS
	ge 4 ector		female	Blac	12	MONTH	18 1918	69	YRS.	ONTHS DATS	HOURS MIN.
	8 P P P	7a BIF	OUNTRYL . A	CITIZEN OF	WHAT COUNTRY?	MARRIED D	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	deoth Oto		North Carolina	15		WIDOWED	DIVORCED	PRINCE	YOOK		MD.
	1 41 2	10 CI	Y OR TOWN OF DEATH		HOSPITAL, NURSIN CHEACILITY, GIVE STREET		ER INSTITUTION	120 USUAL OCCUPA	TOF WORKING LIFE		F BUSINESS OR
201	S S S S S S S S S S S S S S S S S S S	C	INTOM	SOUTH			17Al Conto	L NURSE	Ard		
AND 21	n 24 hor	13a. S	IL RESIDENCE (IF NURSING HOME OR OT ATE 136 COUNTY)		13c. CITY OR TOWN	N 13d. IN YES	<u> </u>	13e.STREET ADDRESS	ZIP, CODE	me I	0747
RYL	10/10	14. FA	THER'S NAME	IDDLE	LAST	15. M	OTHER'S MAIDEN NA	WE		LAST	
WA	P 1/60	R	alph		mil	lere	Eva			W	ayre
ORE,	dieo dieo		(AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES?	16h SOCIAL SECU	JRITY NO. 17 IN	FORMANT		RESS		
TIM	0 0 0		NO			C	navles	Miller			
BAL	1 11 1		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per	line to (a), (b), on	d (ch) L	/		-	BETWEEN	MATE INTERVAL INSET AND DEATH
ST.,			IMMEDIATE		Mil	when	mina	ane	27.		
PRESTON	1			DUE TO, O	R AS CONSEQUE	. / ~	- /				
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W. P	by the sse rer other other		couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUI	ENCE OF					
201	s the			[c]	1011	newy	mure				
	sign hen f to bu	N.	PART 2. OTHER SIGNIFICANT CO	DI MA	ONTRIBUTING TO	DEATH BUT NOT K	ELATED TO THE TERM	AINAL DISEASE OR CO	Van	N INPART LO	11/4
RECORDS	been mit 1	ICATI	190 DATE OF OPERATION	196 COND	THOM FOR WHICH	OPERATION WAS	PERFORMED	200 AUTOPSY?		WERE FINDING	
I R	hos hos on.	TIFIC		100				YES NO		YING CAUSES (	OF DEATH?
/ITA	ysicity Thysicity Hygin Hygin B sho	CERTIF	210. ACCIDENT WAS UNDERLYING	21b. TIME C		216	OW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART I OR PART 2)	
OF	Ad TIOF	ICAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		.M. MONTH D.	19					
ON	HYSIC nding his cer burio	MEDIC	21d INJURY OCCURRED	21e PLACE	OF INJURY	211 L	OCATION STREET	CITY OR	TOWN	COUNTY	STATE
DIVISION OF	IG Photon of the street of the	E	WHILE NOT WHILE AT WORK	(AI HOME, SI	REET, FACTORY, OFFICE, F	FARM, ETC.)	SIRECT	C117 OA	/		32
۵	or of or		220 I certify that (I) (this hospite	ol) attended th	ne deceased from	6/15	. 19	/, to _//	75	19 1	hot (I) (we) lost
	TTEN( TOR: for us of He		sow the deceased alive on a above, (I) (we) (did) (did per	view wa had	5 letter death	ond that	in (my) (our) opinion	death occurred on the	date and hour	and from the c	ouses stated
	hos hos hed hed ept tem		22b. SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Committee	DEGRE	E			THE DATES	IGNED
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1	HOSPITAL ned by the by the both the bedet with Store ORTANT:		22d. PHYSICIAN'S NAME ITYPE OR	PRINT	- ,	22e	ADDRESS D	1	0 11	- III	1 11
	1000=4		Glenn K.	· /st	NCION	94	450 Tenn	. Avettl	& ribb	PLRITA	JR/RICO
	5 £ 5 ₹ 3 ₹ 3 × 5 ± 1		URIAL, CREMATION, REMOVAL	23b. DATE	236.1	NAME OF CEMETE	RY OR CREMATORY	23d LOCATION	m	207	72 <sub>STATE</sub>
	BP		Burial	7/21/	87 De	oggett G	rove Church	ndem. For		4	N.C
	DHMH - 16 60M 7/B4	24 FU	NERAL DIRECTOR		ADDRESS	. 1	Wash 250 DAT	TE REC'D. BY REGISTRA		RAPS SIGNATU	
	(VRA 15, 4)	K	. N. Horton (	O. Inc	. 600	Kennedy	ST. N.W. JUL	0 1 1901	100	- Can	



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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE	DEP		HEALTH AND MENTAL HYG	GIENE	6 1	2 10 1
30	ISTRAR		CERTII	FICATE OF DEATH	REG. NO	o. 6-	3 0 1
	CLASED NAME FIRST	MIDDLE	,	LAST	20 DATE OF DEATH	MONTH DAY YEAR	10 11001
1	KOBERT		milh	ER	1/24/87		1/3
J SE.		4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYE	EAR IF UNDER 24 H
1	MALE	WHITE	MONT		5%	MONIHS DA	AYS HOURS A
line.			6	1 30	9,	YRS	
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIE	D NEVER MARRIED 🗷	BALTIMORE CITY O	R COUNTY OF DEATH	
u	JASH, DC	USA	WIDOW		KIN	CE GEORGE	ES .
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATE		D OF BUSINESS
GA	CEENBELT	GREEN BELT	ASS T	0	NODE		lone.
USU,	AL RESIDENCE (IF NURSING HOME O						1117
130. 5	STATE 136 COU		IOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	1 1116	-0010
1	ma	G RYATIS	34148	YES NO	6215-41	51 AVE	
12	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LASI
	BERNARD	F MILLE	C	AGNE.		Mai	ctin.
			SECURITY NO.	17 INFORMANT	ADDRE	SS RT 5 BOX	2096
1	YES NO OR UNKNOWN) (IF YES GI	1VE WAR OR DATES) 214-9	2-4811	Mrs. Frances		DAKIANd.	And DI
=	II CAUSE OF DEATH Enter O	1 17		ווויטון ופניוער,	2/1011	2001900	na jai
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	PAGE ACE ON			The second	A PART
NON	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	lla
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	DN WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED
1					YES NO	YES T	NO [
1 3	210 ACCIDENT WAS UNDERLYING		B . W	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR PART!	2)
	OR CONTRIBUTING CAUSE OF DE						
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	21f LOCATION			
WE	WHILE NOT WHILE	(AT HOME STREET, FACTORY OF	FICE FARM ETC )	STREET	CIN DE TON	em countr	STAT
	WORK AT WORK			1/	7/	200 . 53	
	22a.1 certify that (I) (the	attended the deceased to	am A	1 -9 19/		40	_ , that (I (we)
1.0	saw the deceased alive or abave in (wy) and	siew atth buddy often dough	19 /0	d that in (my) (aur) apinian	death accurred on the do	ite and haur and fram t	the causes stated
	72h SIGWATURE	/ ///	-	DEGREE		126.04	ATE AIGNED
	1 leion	WALLAN	12	ATTENDING	MEDICAL _ STAF	77	12-01
-	July 14 C	WAL YALL	M		DIRECTOR PHYSIC	IAN []	170
	THE PHYSICIAN'S MAME TONG	16 10 0	110	22e ADDRESS	The second	Month	16
	L MINGUS U	J. McLauri	n MI)	34/5 HA	tailton 57	Myallsve	ele Ag
23a B	BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
100	Burial	July 28, 1987	Cada	11/11	CATYOR TOWN	DOUNTY	STATE
100	11001100	12 my 000, 110 1	Carn	Hill Cemelery	Jul land	1,13.	N/

DHMH - 16 60M 7/84 (VRA 15, 4)

NERAL DIRECTOR

NAME
W. W. Chambers Co. Inc., Riverble Md 26737 1111 30 1987 Julia Director 24 FUNERAL DIRECTOR

Angus of McLivern 18 305 American Additional Landing of the

The second secon

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DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at other traumatic event, the medical

060610

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 | 3 0 | REG. NO.

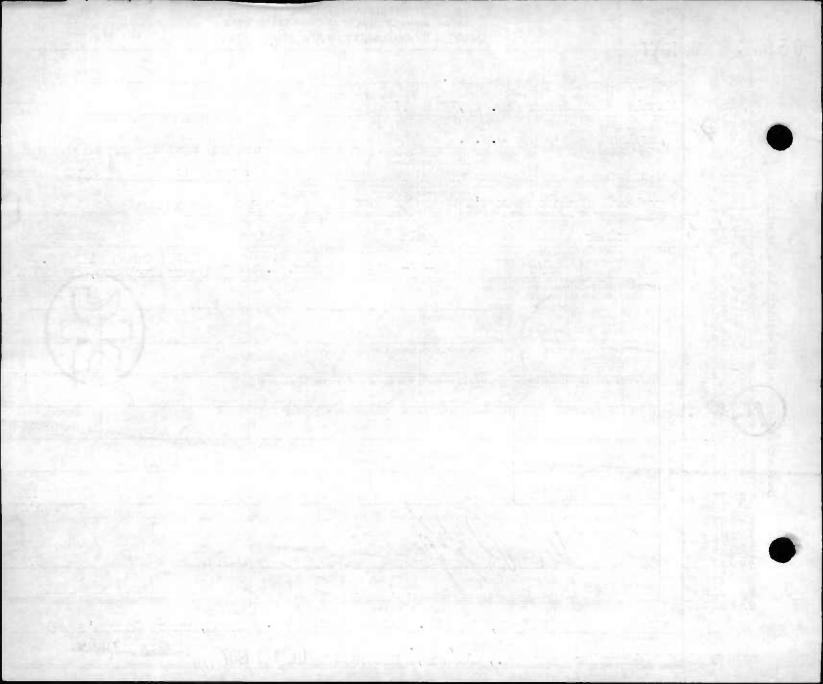
. 4	UTEGISTRAR		CERTI	ICAIL OI	DEATHO	REG. N	<b>D</b> .				
1	1. DECEASED NAME FIRST	WIDDLE		AST		20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR		
	Agnes Agnes	Fleanc	or Mi	115		July 2	1 198		7.50 M		
1	3. SEX 4	RACE	5. DATE C		YEAR	6 AGE (IN YEARS LAST BIR	HDAY)	ONTHS DAYS	IF UNDER 24 HRS		
1	P	Cauc	July	7	1896	91	YRS	DATS	HOURS MIN		
-1	COUNTRY	CITIZEN OF WHAT COUNTRY?	8 MADDIE	NEVE	R MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH			
_	Wisconsin	USA	WIDOWE	DX	DIVORCED [	Prince			MD.		
1	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		OR OTHER IN	ISTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF			OF BUSINESS OR		
4	Ft. Washington	Ft. Wash. Re	hab.	Cent	er	Artist			f-Painti		
-	USUAL RESIDENCE (IF NURSING HOME OR OT 130. STATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFOR		1134 INSIDE	CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE				
	Maryland   Prin			YES 🗌	NO 🛛	Bryan Po	int Ro	d. / 20	0607		
N	14 FATHER'S NAME	DDLE LAST		15 MOTHE	R'S MAIDEN NAM						
1	Charles J.			Augu	sta	WIODE		Elah	,1		
7	160 WAS DECEASED EVER IN U.S. ARME		JRITY NO.	17 INFORA	MANT	Rt ADDR	SS Box	7111	1		
1	NO	- 546-05	-2181	Ric	nard Mi	lls Accok		Md. 2			
Ī	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	one couse per line for yal, (b), gr	nd iciy	/	7) /	1	+		IMATE INTERVAL ONSET AND DEATH		
í	PART I. DEATH WAS CAUSED I		Car	-0/10-	ta/m	1. MYres	/		7175.		
à		DUE TO, OR AS A CONSEQU	ENTE OEL	1 /	11	•	The same	-			
2	Canditions, if any, which	( b) Fata	CH	rrles	James	a		2-2	mms		
90	gave rise to immediate couse (a), stating the	DUE TO, OR A87A CONSEQU	FNICE OF	, 0,	-01	1110	7				
1	underlying couse lost.		0501	erofi	( Grali	o Vascular	-1115.	000	years.		
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	nentia & tota	l Doc	Vos Cri	ppling	requiring	N-G	FR.00	ings.		
7	M 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED			200 AUTOPSY 200 JE YES, WERE FINDINGS USI					
	STE DIV I					YES NO Z	YES		NO [		
)	00 000 170 170 170 170 170 170 170 170 1	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c HOW	INJURY OCCURR	ED (ENTER NATURE OF INJUI	LY IN ITEM 18 PAR	IT I OR PART 2)			
1	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19		DNA						
1	OR CONTRIBUTING CAUSE OF BEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	CARM ETC.)	211 LOCA		CITY OR TO	wN	COUNTY	STATE		
1	WHILE NOT WHILE AT WORK	TAT TORKE, STREET, TACTORY, OFFICE,	rakm, LTC J				1				
1	220.1 certify that (I) (this hospital	-///	79	NOV 3	2 19/83.		12/.15	981.	that (It (we) lost		
ı	obove, (1) (we) (did) (did not) v	view the body ofter death.	7 or	nd that in (m	y) (our) apinion d	leath accurred on the de	ite and hour o	and from the	couses stated		
1	221 SIGNATURE	07	20	DEGREE	MALE DE L	/		22c DATE	SIGNED		
	Xidira 6	- Jarson	, 111	1.	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	F,IAN .	7-2	1-77		
	THE PHYSICIAN'S NAME THIS CAN	110		22e ADDR	ESS 9401	Indiank	ead H	wy h	1360		
	Alchard Hit	a1500, M.P.		1	t. Wa	sh. md.	20%	144			
1	230. BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY O	RCREMATORY	23d LOCATION					
	Burial	7-24-87 Ch	rist	Ep.	Ch. Cen	n Accoke	ek Pr.	. Geo	. Mã.		
1	24 FUNERAL DIRECTOR	P. O	Box	156	250 DATE	REC'D BY PEGISTRAR	256 PEGISTRA	AR'S SIGNAT	URE		
	Huntt Funeral	Home, Waldor			601	15 40 1981	gulia,	Dander	1 - 10		

The second secon 

Lee Funeral Home, Inc.
Old Alexander Ferry Rd., Clinton, MD 20735

**DHMH - 17** 

AR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE JUI 20 DATE KNOWN TTYPE OR PRINTS OF ESTI-DEATH MATED IF LINDER 24 HRS DATE LAST BIRTHDAY) RONOUNCED 75 YRS Black DEAD MARRIED NEVER MARRIED Painter Rock, Md. USA WIDOWED X DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 LISUAL OCCUPATION (TYPE OF WORK OR MOST OF WORKING LIFE Md . Retired Md Md 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Oxon Hill 1304 Owens Road FATHER'S NAME IS MOTHER'S MAIDEN NAME John Frazier Sarah 16h SOCIAL SECURITY NO. 17. INFORMANT grand WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-05-8445 No Mr. Theodore Moore, Jr./son/same as 13e 18 CAUSE OF DEATH (Enter only one couse per ine for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE ( DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [4] 4 I 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD "IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURRIAL, ( 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY TATHOME. 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN 22a. I certify that I took charge of the remains described above, held on Autopsy Hamicide . death resulted from: Natural causes Undetermined monner

20 AUTOPSY? YES NO F 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) TITLE (SPECIFY) EXAMINER'S NAME ruez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD TYPE OR PRINT 23g BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 7-31-87 Suitland, Md Lincoln Memorial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE John T. Rhines Co., 3015 12th St. N.E., D.C. 20017

OR INDUSTRY

None

Johnson

07/84

**DHMH - 17** (VR A15 ME (5))

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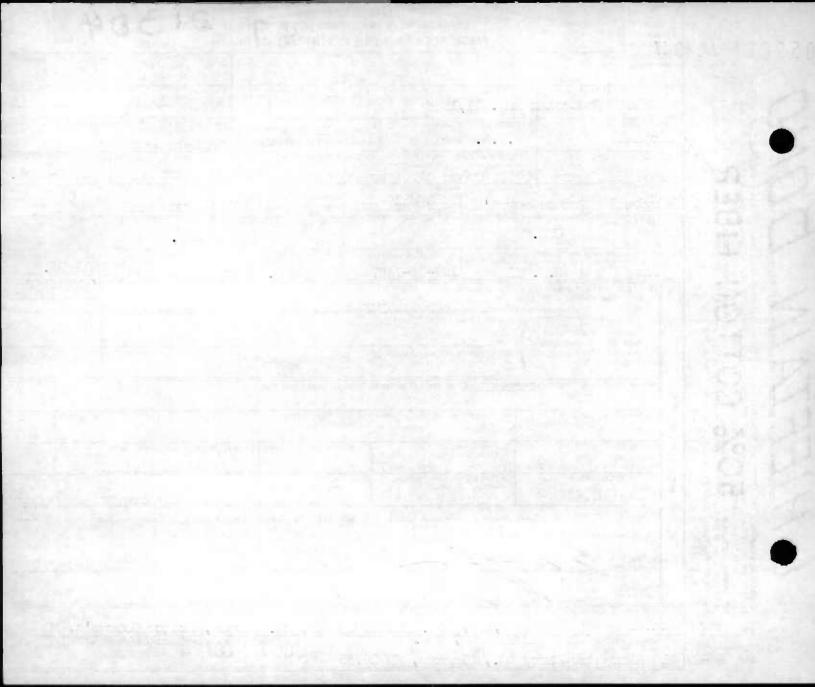
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Transfer See See See See See

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STATE OF MARYLAND



Jul. 16. 1987 Cheltenham VA Cemetery

Spencer E. Sewell Box 31 Prince Fred.MD 20678

Cheltenham.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S S.

MD

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24 FUNERAL DIRECTOR

07/84

DHMH - 17

(VR A15 ME (5))

STATE OF MARYLAND

	A Labor		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	HOSPITALOR ATTENDING PHYSICIAN: The low requires that the terminant enterings and assistance or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attachment and community when the by the formed interests old be detached for use as the buriol-transit permit. Then please temper carbon paper in again it has little and Mental Hygiene prior to buriol, committen, a remain old.	The same of the sa

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO CEASED NAME 20 DATE OF DEATH MONTH 2b HOUR YPE OF PRINTS Joseph July 14, 1987 Peter Mosca 7:18a 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 02 MONTH 07<sup>DAY</sup> 19 YEAR Male Caucasian TO BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's Washington, DC United States WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR Riverdale LeTand Memorial Hospital Postal Clerk Postal Service SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Hvattsville Maryland Prince Geo. YESTY 5843 33rd Place 20782 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Antonio Mosca Sara Ruvolazzi ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWNI Yes Anne Mosca (wife) Same as #13 579-09-9794 18 CAUSE OF DEATH (Enter only one couse per ling) and and a PART I. DEATH WAS CAUSED BY Growones IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION IN DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF FITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN STATE AT HOME, STREET, FACTORY OFFICE, FARM ETC 1 WHILE NOT WHILE 220 | certify that of this h and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did ) we will view the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYS CHAN'S NAME (TYPE OR PRINT) Abraham Dabela, M. De ADDRESS 4404 Queensbury Road Riverdale, Maryland 20737 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION COUNTY Burial 07/17/87 Mt. Comfort Cemetery Alexandria

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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MPORTAN

Franciske Gasch's Sons Funeral Home, P.A.

4739 Baltimore Ave. Hyattsville, MD 20781

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DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

JUL

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR			CERTII	FICATE OF DEATH 8	1	REG. NO	D.	3 0			
1	P	ASED NAME FIRST		WIDDLE	100	LAST	2a. DATE O	FDEATH	MONTH	DAY	YEAR 2	2b. HOUR	?
		ERNA	N,	/M/N	MOS	TELLER		JU	JLY	20 1	987	4:38	Ам
8	3. SE)	X	4 RACE	c 75-1-73		OF BIRTH	6. AGE (IN	YEARS LAST BIRT	HDAY)	IF UNDER		IF UNDER 2	A IN.
	F	emale	Cauca	asian	2-	7-1924 YEAR	63		YRS		DATS	HOURS	MIN.
7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMO	ORE CITY O	R COUN	TY OF DE	ATH		
		ermany	USA		WIDOW		Prince George's						MD.
		TY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION		OCCUPATION OCT O			KIND OF USTRY	BUSINE	
X		Camp Springs   Malcolm Grow				Hospital		sewif			Home	٥	
1	13a. S	AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION	GITT RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e STREET	ADDRESS /	ZIP CC				TrDI
1	M	aryland Cha	rles	Waldorf		YES NO	ot F	31-B	ΩX	185/	2060	11	ITLK
	14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE	WIDDIE			1241		
)		Ferdinant		Nowak		Klara		MIDDEL		Prol	kona	t i lat c	7
		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	55		aupo		
	.,	no -		214-74-	1302	Ernest G.	Moste	ller		same	as	# 1	3
		18 CAUSE OF DEATH (Enter	only ane couse per	line far (a), (b), and	d (c). (						APPROXIMA	ATE INTERV	AL DEATH
		PART I. DEATH WAS CAUS	SEĎ BY: ATE CAUSE (a)	CARDIAC A		T							
		DUE TO, OR AS A CONSEQUENCE OF											
1		Canditians, if any, which	( (b)			E HEART FAILUF	RE						
		gave rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUE									
		underlying cause last.	(6)	R AS A CONSEQUE	INCE OF								
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OR CONI	DITION	GIVEN IN P	ART Ira		
	NO NO												
1	CERTIFICATION	190 DATE OF OPERATION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS US						
7	I FI						YES	поп	IN CER	RTIFYING C	AUSES O	NO [	1?
	CER	210 ACCIDENT WAS UNDERLYING	216. TIME C		- 15	21c. HOW INJURY OCCURR			Y IN ITEM I		PART 2)		
1		OR CONTRIBUTING CAUSE OF D	CAIN .	M. MONTH DA	YEAR								
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	-		-				
	ME	WHILE NOT WHILE D	(AT HOME ST	REET, FACTORY, OFFICE, FA	ARM ETC)	STREET		CITY OF TO	NN	COL	YINI	51.	ATE
	14.5	220.1 certify that (I) (this has	outal) attended th	an deceased from	1601	10 87	400	20 114	1	10 8	7 4	iat (I) (w	n\ lest
3		saw the deceased alive a	10165 m	4 19 8	70	nd that in (my) (aur) apinion o			te and h				
	150	22b SIGNATURE	view the bady	affer death.		DEGREE					DATESI		
Н		Willard	mazo	MD		ATTENDING	MEDICAL	STAF			20 Л	πу	1987
-		22d. PHYSICIAN'S NAME		-		PHYSICIAN CROW		MED C				JUI .	1,007
		With the second	No.	DC 9347			WASHI				0000		
	220 0	BURIAL, CREMATION, REM	Section 1	int Or. 122. N	IAME OF C	EMETERY OR CREMATORY	23d LOC		D.	U. 21	0331		
	(	(SPECIFY)	E DE BURGEYATO-C				CITY	ORTOWN		COUNT	Υ	ST	ATE
		Burial UNERAL DIRECTOR	7-22			terans 126 DATE	Che	Iten	)am	Pr	Geo	M	d
		untt Funeral	Home	P. ADRES 1		156	1 2 2		A A			•	
	110	ance i unelal	HUINE	Waldor	f. M	d. 20601 JU	04	1987	guin	a plan	doon-	declas	LA_

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DHMH - 16 60M 7/84

(VRA 15, 4)

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FOR

- STATE

# STATE OF MARYLAND CERTIFICATE OF DEATH ...

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

d	07 REGISTRAR		CERTIFICATE	DEATH O	REG. NO.		
*	TOTCE ASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH MO	ONTH DAY Y	EAR 26 HOUR
	Mary	V.	Moylan		Ju1y	25, 198	6:54 P <sub>M</sub>
	3. SEX	4 RACE	5. DATE OF BIRTH		6. AGE TIN YEARS LAST BIRTHD		
,	Female	White	April 28,		92	YRS	BAYS HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTE	MARRIED NEV	FRMARRIED X	9 BALTIMORE CITY OR	COUNTY OF DEA	TH
9	Rhode Island	USA	WIDOWED	DIVORCED [	Prince-Ge	orges	MD.
1	Hyattsville	(IF NOT IN SUCH FACILITY, GIVE STE	NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			N 125. K WORKING LIFE) INDU Bookkee	
2	USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 CC Maryland			E CITY LIMITS?	13e STREET ADDRESS / Z 733 Sligo A	IP CODE	20910
1	Daniel	J. Moy1		ER'S MAIDEN NAM Annie	ME MIDDLE J.		Burke
7	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SOCIAL SE	CURITY NO. 17 INFOR	MANT	ADDRESS		N
	NO NO OR DIRECTOR OF THE S.	578-60	-9272 EILE	EN T. ZB.	IGNEWICH . 92	63 TUCKAH	OF LN. ADELPH
	PART I. DEATH WAS CAL	only one cause per line for (a), (b), ISED BY: IATE CAUSE (a)	ond (c.)			BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
		DUE TO, OR AS A CONSECUTION OF THE CONTRIBUTING TO THE CONTRIBUTING TO THE CONTRIBUTING TO THE CONTRIBUTION OF THE CONTRIBUTIO		TED TO THE TERM	INADISEASE OR CONDIT	TION GIVEN IN PA	ART 110
1	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED		206. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED AUSES OF DEATH?
1		DEATH HOUR A.M. MONTH	DAY YEAR	/ INJURY OCCURR	RED (ENTER NATURE OF INJURY II	N ITEM IB PART I OR PA	RT 2)
	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOT WHILE OF ALL WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFI	CE, FARM ETC.)	ATION REET	CITY OR TOWN	COUN	NTY STATE
	220. I certify that (1) (this had sow the deceased alive obove, (1) (we) (did) (did 22b. SIGNATURE	3/12/18/	, and that in (	my) (our) opinion o	, to death occurred on the date		m the couses stoted
	224 PHYSICIAN SNAME, (14)	tenti	22e ADD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	_ 7	125/17
	1-M. K+	th TRL'	652	25 Bel	cvet Rd	Hyatt	Julle 1
	23a BURIAL, CREMATION, REMOV	AL 236 DATE 28. 1987 2	and Charles	Temelery	23d LOCATION Novestock	zet, country	hede Dilan
	10 Kerry Fundal H	made 25/ Chy	all DI NOS	2 301	REC'D. BY REGISTRAR 254	b. REGISTRAR'S SIG	SNATURE AND LAND

ST	ATE	OF	MARYLAND	

		-1-					E OF MARYLAND			
061	645 AUG	- 4 B	7 FOR STATE		DEPART		EALTH AND MENTAL HYG	IENE	*** ¥	
	74		REGISTRAR				ICATE OF DEATH	8 REG. NO	2 3	0 7
	m.E	1. DE	CEASED NAME FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	poge 3		GRACE		EVA	M	UDD		7-30-87	7.15.PM
	E de	3. SE	X	4. RACE		S. DATE C		6. AGE IN YEARS LAST BIRT	HDAY) IF UNDER I YEA	
	ige 4 mc rector p	1 1 2	emale	Caucasia	an	Marc	h 28, 1922	65	YRS	, man
	2 0 B	70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY	2 8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
	Jeoth.		uth Carolina	U.S.A.		WIDOWE	D DIVORCED	PRINCE (	TEURGOS	MD.
	after of the formal of this all	10	ITY OR TOWN OF DEATH	I IF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATE		OF BUSINESS OR
120	ours in by	/ / WSU	TAL RESIDENCE (IF NURSING HOME	SOUTH E OR OTHER INSTITUTION	1	RE ADMISSION)	HOSPITA	Homemaker		
BALTIMORE, MARYLAND 21201	7	130.	STATE 136 CC	UNTY	ashingto	WN	13d INSIDE CITY LIMITS? YES 🗽 NO 🗌	13e.STREET ADDRESS /		29020
RYL	VE	HLF	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		161
WA	1 76 /	01	Frank		Mason		Winifred	MIDDLE	Bac	der
ORE,	xecond and and and and and and and and and a		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMANT	1916 S 9	55 2+ C F	
IIWC	Page Be	2	No		577-24-0	)266	Joseph L. Mu	idd 1816 S S	ington; b:	3.
BALT	nysicio		18 CAUSE OF DEATH (Enter	only one couse per	line for (a),	no.	1	1		N ONSET AND DEATH
	phy on poly	- Y	PART 1. DEATH WAS CAL	DIATE CAUSE (0)	110	certifi	rant of mi	PORT	7-	reary
NO	th ce nding corbin or corbin		COLUMN TO THE REAL PROPERTY OF THE PERTY OF	DUE TO, O	R AS A CONSEQU	JENCE OF	( *			
EST	deot atter nave option, troum	- N	Conditions, if ony, which	(168_					678 (	
PR.	t tere		gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQU	JENCE OF				
× 10	that d by lease ial, c	underlying couse lost.								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	signed ben pl	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
ORC	123	CERTIFICATION	190 DATE OF OPERATION	TIAL COND	ITION FOR WHICH	NI WAS DEDECTRANED	20a ALITORSY2	Tank IE VES WEDE EINID	INCELIEED	
REC	low low	3 5	DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE			
ITAL	Sicion	7	71a ACCIDENT WAS UNDERLYING	21b. TIME C	of INJURY		21c HOW INJURY OCCURR	YES NO X	YES	NO 🗌
> 7	ICIAN 9 Phy ertif ral-t	1 1	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH			LEISTER ISKIDILE OF POOR	THE TENED THAT TORPACT 2)	
NO	HYSICI nding p his cert burial d Menta	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM)		M. OF INJURY	19	211 LOCATION			
/ISIC	the this ond	A A	WHILE NOT WHILE		REET, FACTORY, OFFICE.	FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
á	or of or of or of or of		220.1 certify that (I) (this he	and the standard stan	of decreed time	THO	13201	10/4	30.50	
000	on of He		saw the deceased plive	on 1	130 100	(2)	that in (my) <del>r(our)</del> opinion o	eoth occurred on the do	ste and hour and from th	e chuses stated
	RECT RECT RECT Ppt o pt o		obove, (1) (we) did (did	not) view the body	death.	1	DEL REE		22¢ DAT	
	the hortoched	3 9	A	111/2		Dr.	ATTENDING	MEDICAL STAF	F _ ]	MIX
	HOSPITAL ned by the FUNERAL sid be det the Stote ORTANT:		IN PHYSICIAN NAME IN	Sall	1	100	PHYSICIAN [	DIRECTOR   PHYSIC	IAN	10/
	HOSPITA ned by FUNERA JId be d of the Sto		HARING Y	- 72	111	77	8925 /1/csDV	m. / Rel	Plane	40
60	O HO To Fi	722	BURÍAL, CREMATI REMOV	AL 23b, DATE	122	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	CITAGO	7.0
44	99999 BP 999	230.	(SRECIEY) Burial	8/3/8:			l Memorial Par	CITY OR TOWN	nurch COUNTY V	irginia
11	1111	24. F	UNERAL DIRECTOR	10,010			Hill Rd. 250 DATE			
	DHMH - 16 60M 7/	R4	eorge P. Kalas	Funeral				G 3 1987	Ast Kindson	

DHMH - 16 60M 7/84 (VRA 15, 4)

# STATE OF MARYLAND

1.	STATE REGISTRAR		DEPARTA		ICATE OF DEATH	IENE	-1	9	1 3	1 11
	GEASED NAME FIRST	,	MIDDLE		AST	20 DATE OF	REG. NO	AONTH D	DAY YEAR	2b. HOUR
	E'OR PRINT)							00=		1000
0.05	Richar		ry	MU			30, 1		IF UNDER 1 YEAR	5:26P M
3. SE	X	4 RACE		5. DATE C				N N	ONTHS DAYS	HOURS MIN.
	ale	White		Nove	mber 2, 1910	76		YRS.		
	TO BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) 8			8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH Prince George's				
Ma	aryland	U.S.A		WIDOWE		Pr	ince G	eorge	. S	MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	126 USUAL OCCUPATION (Type OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
12	Lanham	Doctors Hospital of		Pr. Geo. Co.	Owne	er most of	WORKING LIFE	Servi	ce Statio	
UsU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			The same			
M	aryland   136 COU	G.	Lanham	N	13d. INSIDE CITY LIMITS?		an Bu	ren S	treet	20706
14. FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE	MIDDLE			AST
	Francis		Mudd		Stella				Dav	is
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT					n Street
Y	es-Army W.V	V T DATES)	163-05-93	345	Byrle S. Mud	ld (Wif	e) Lar	ham,	Mary	land 2070
	18 CAUSE OF DEATH (Enter o	alv and source and	line for (a) (b) gas	die.					APPRO	XIMATÉ INTÉRVAL NONȘET AND DEATH
133	PART 1. DEATH WAS CAUS	ED BY:	Car as T	2	Heart Failur				BELVYER	ONSEI AND DEATH
	IMMED 14	TE CAUSE (o)	Corregate	we /	yeary railing			_	+	
		DUE TO, O	R AS A CONSEQUE							
	Conditions, if ony, which gave rise to immediate	(b)	Horlie	34	enosis				-	
	couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF						
13	underlying couse last.	(c)								
1/2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN					EN IN PART 1	Ia			
CERTIFICATION	Chronic Obstructive Bulmoner Orsland									
13	198 DATE OF OPERATION	19b COND	TION FOR WHICH	OPERATIO				S, WERE FINDINGS USED FYING CAUSES OF DEATH?		
E						YES 🗌	XX ON		S 🗆	NO [
W W	210. ACCIDENT WAS UNDERLYING			WE LE	21c. HOW INJURY OCCURE	RED (ENTERNA	ATURE OF INJURY	IN ITEM 18 P	ART T OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	AIH	M. MONTH DA	19						
MEDICAL	21d INJURY OCCURRED	21e. PLACE		17	211 LOCATION					
¥	WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC )	STREET		CITY OR TOW	'N	COUNTY	STATE
100				7-2	3262		2.70		62	
	22a.1 certify that (1) this hosp				nd that in (my) (our) opinion (	, 10	od an aba da	a and bass	19 4	, thot (II)(we) last
	sow the deceased alive o	at) view the body	alter death.			deam occorre	ed on the do	ie and nour		
	776. SIGNATURE	-	2		DEGREE	MEDICAL	CTAF		22c DAT	E SIGNED
	1 Xxxx	9	1		MO ATTENDING PHYSICIAN	DIRECTOR	PHYSICI	AN []	7-	30-87
1	224. PHYSICHAN'S NAME (TYPE	OR PRING	8		276 ADDRESS					
	Louis Steir	berg M.I	).		6492 Landove	er Rd.	, Land	lover,	Md. 2	20785
	BURIAL, CREMATION, REMOVA			AME OF C	EMETERY OR CREMATORY	23d LOC/	ATION		COUNTY	
	(SPECIFY) Burial	08/04	/87 Ma	rylar	nd Veterans C	em. Ci	helten	ham	P.G.	Maryland
24 F	UNERAL DIRECTOR			-	25a. DAT	E REC'D. BY F	REGISTRAR 2	SI REGISTI		
Irr	ancis Gasch's S	ons Fun	eral Hom	e, P.	A. AU		987	-	-	- Candalas
47	39 Baltimore Av	enue_H	attsville,	IVIC	20/81					

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

spletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours ofter death

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove carb with the State Dept. of Health and Mental Hygiene prior to burial, cremation, are not

retained by the hospital or

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

morked or Item 18 shows

If Hem 21 is

IMPORTANT

injury, or other troumotic

FOR

(TYPE OR PRINT)

JE BIRTHPLACE

COUNTRY

3. SEX

B7 STATE

DECEASED NAME

FIRST

RGARET

4. RACE

US

STAT	E OF	MAR	LAND

MARRIED . NEVER MARRIED

8

1886

DIVORCED

REG. NO

MONTH

9. BALTIMORE CITY OR COUNTY OF DEATH

DAY

YEAR

IF UNDER I YEAR

2b, HOUR

126. KIND OF BUSINESS OR

IF UNDER 24 HRS

MD

20. DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

12e USUAL OCCUPATION

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5. DATE OF BIRTH

MONTH

WIDOWED T

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MIDDLE

76. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

10	ORT. WASH. MD FOR	ST. WASHING TON.	KEHAB CENTER	Home maker	OWN Home
	UAL RESIDENCE (IF NURSING HOME OR OTHER INS		13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	ADAUT 20640
14. F/	FATHER'S NAME	- IASI	IS. MOTHER'S MAIDEN NAM		
1	William cc	GRINDER	JANE	ERCILLA	Luckett
	WAS DECEASED EVER IN U.S. ARMED FO		Winifred M	yers wheston	dAms Drive
	18 CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	1101, 71 /111	dio-puls	c. arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  MC 1/5.
	Conditions, if ohy, which	JE TO, OR AS A CONSEQUENCE OF	reflen	ia	Somens.
		JE TO, OR AS OCONSEQUENCE OF	mt electr	detim bola	ree 7 days.
TION	PART 2 OTHER SIGNIFICANT CONDITI	n - 111 + 101.	NOT RELATED TO THE TERMI	sustainline .	FI.V.
CERTIFICATION	DNA	D. CONDITION FOR WHICH OPERATION	U	YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
		D. TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19	DW A	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	IT I OR PART 2)
MEDICAL		PLACE OF INJURY HOME STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
100	22a.1 certify that (1) (this hospital) atte	ended the deceased from	2/1/ 19 /5		that (I) (we) lost
	saw the deceased five on obove, (I) (we) (did) (did not) view th	the body after death.	d that in (my) (out) opinion d	eoth occurred on the date and hour	and from the couses stated
	X ELLALA (!	Forson, Mi	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	7/11/87
	22d PHYSICIAN'S NAME (TYPE OFFRINT)	1150m, MD.	The ADDRESS 9401	Indiantend	744 - 4360
	BURIAL, CREMATION, REMOVAL 234. D		METERY OR CREMATORY	23d LOCATION	COUNTY STATE
	BURIAL 7-	-13-87 OLD DUF	RHAM CH.CEM		ARLES MARYLANI
24. F	FUNERAL DIRECTOR	ADDRESS	25a. DATE	REC'D. BY REGISTRAR 25% REGISTR	AR'S SIGNATHRE
AR		OME, INC. LA PLAT	ra, MD. JUL	1 / 1001 gana 10	Strategie Continues

Late of the state of the same FORE WILLIAM TO THE WAR THE STATE OF THE FORME MAKEN CHAN HOME and the estimated by the street was the same Edward Leading Company Lockwards to the Company Lockward to the Company Lockwards to the Company Lockwards to the Company Lockwards to the Company Lockward to th

AND STATE OF THE S

	STA	TE	OF	M	ARYL	AND
ARTMENT	OF	HE	AL	TH	AND	MENT

LAST

5. DATE OF BIRTH HINOM

Nov

MIIRRAY

KTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	/ REG	NO.	5		2	
1	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	JR
	July 18	1987			8.40	P
1	6. AGE TIN YEARS LAST	BIRTHDAY)	IF UND	RIYEAR	IF UNDER 24 HRS	
		71 YRS	MONTHS	DAYS	HOURS	M IN.
	9 BALTIMORE CITY	OR COUN	TY OF DE	ATH		

126. KIND OF BUSINESS OR

STATE

INDUSTRY

IIIinois	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince George	
0 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (# NOT IN SUCH FACILITY, GIVE STR		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	1
Lanham	AMI Doctors H	osnital	Superintendent	

MIDDLE

LeRoy

76 CITIZEN OF WHAT COUNTRY?

4. RACE

WWI

White

Constructio rintenden USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136. COUNTY 13e.STREET ADDRESS / ZIP CODE 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Pr Geo 4110 Forestvill YES [ Road Forestvill 15. MOTHER'S MAIDEN NAME

1915

Dorothy

MARRIED NEVER MARRIED

MIDDLE MIDDLE Harvey Murray Violet Boyle ADDRESS IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT

Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.

FELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIO

VV0 136531		11000		
9a DATE OF OPERATION	11% CONDITION FORWHICH OPERATION	WAS PERFORMED		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
			YES NO	YES NO
210. ACCIDENT WAS UNDERLYING	LICHE A MA MACRITU DAY VEAD	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18 PART + OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

AT WORK 22a I certify that (1) (this haspital) attended the d Glive on the body after death (n (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

831 University Blvd E. Silver Spring

	,			011101	27.71
30 BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION		T.
(SPECIFY)	The same of the sa		CITY OR TOWN	COUNTY	STATE
Burial	1 22.T11 1 1 9 9 7	Wachington Nation	ah a	Cuitland	DC

24 FUNERALDIROPETT E Wilhelm

Funeral Home

Suitland, Md.

22Jul1987 Washington National Cemetery Suitland PG Md

PHYSICIAN LDIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

ld be deto FUNERAL

MPORTANT:

urial-tronsit 00

ond M ò FOR

REGISTRAR DOLEASED NAME

Harvey

- STATE

YPE OR PRINTI

Male

Yes

CERTIFICATION

Lewis

To BIRTHPLACE (STATE OR FOREIGN

3. SEX

FOR STATE

REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

_				-	KEO. IN	d.		
C	PECEASED NAME FIRST EDIFRE	EDO		ARANJA, SR.	20 DATE OF DEATH	07 29	87	26. HOUR 12 30PM
	3. SEX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		INDER TYEAR	IF UNDER 24 HRS
	Male	Male Filipino		ber 8,1929	57	YRS	THS DAYS	HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN Philippine Island	7b. CITIZEN OF WHAT COUNTRY Philippines	/? 8 MARRIEI WIDOWE	DI DIVORCED	I WILLOW GEV	R COUNTY OF		MD
	10 CITY OR TOWN OF DEATH CHEVERLY	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREE  PRINCE GEORGES	HOSPIT	FAL CENTER	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Maintenance	F WORKING LIFE)		F BUSINESS OR
1		other institution give residence before the control of the control		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 6261 Oxon	ZIP CODE Hill Ro	1. #B <sup>2</sup>	9745
pi e	Justo	Naranja		15. MOTHER'S MAIDEN NA Maximina	MIDDLE		Codil	l1a
	16a WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN)  NO	MED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 214-02-		Pricita Nar	anja 6261 0x		Rd.	#B <b>−</b> 3
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AK A CONTINUE OF THE CONDITIONS CONTRIBUTING TO	All A	Mortale No related to the term	melorto e Conce MINAL DISEASE OR CON	In (	n PART I to	N:
)	210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	G CAUSES	
2	OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC )	211 LOCATION STREET	CITY OR 10	WN	COUNTY	STATE
	A saw the declared abve on above (i) the production of	tok attended the decreased from	-	that in (my) (our) opinion	deoth occurred on the do	ite and hour on		that (I) (we) last causes stated
_	WILLO C	19 lois	nO		DIRECTOR PHYSIC	F IAN 🗌	7/30	
	Willie Blai		,	7525 Green	Way Ctr.Dr.	Greenbe	1t, M	d.
	230 BURIAL, CREMATION, REMOVAL	1 - 1 1		EMETERY OR CREMATORY	CITY OF TOWN	P C	DUNTY Man	wl and

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR George P. Kalas Funeral Home Oxon Hill. Md.

250 DATE REC'P. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 6160 Oxon Hill Rd.

161449 JUL 3067

DHMH - 16 60M 7/B4

(VRA 15, 4)

W. W. CHAMBERS CO.

5	TA	TE	OF M	ARYL	AND		
EPARTMENT	0F	HE	ALTH	AND	MENT	AL	HYG

IENE CERTIFICATE OF DEATH

2 1	J -	FOR STATE REGISTRAR				EALTH AND MENTAL HYGI CATE OF DEATH	0. 2	. 0	1 3	
		CEASED NAME FIRST MARY	G	UV	NEI	ist —	20. DATE OF DEATH	MONTH DA	VEAR 26	HOUR 5-
	3. SE	× Female	1 RACE		DATE O	DAY YEAR	6. AGE (IN YEARS LAST B	RTHDAY] IF		UNDER 24 HRS
1	7a. BI	IRTHPLACE (STATE OR FOREIGN COUNTRY) S UNGINA		VHAT COUNTRY? 8	MARRIED	DIVORCED D	9 BALTIMORE CITY		COUNTY	/ MD
		delphi Md.		OSPITAL, NURSING	HOME O	R OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST RET NUR	OF WORKING LIFE)	126 KIND OF B INDUSTRY NURSI	
5	13a. S	AL RESIDENCE IF NURSING HOME OF STATE 136 COU	NTY	GIVE RESIDENCE BEFORE AD. 13c. CITY OR TOWN ADELPHT		134 INSIDE CITY LIMITS? YES NO		/ ZIP CODE h AVE.	20	783
1	1	ATHER'S NAME FIRST FRANK		BORNE		15 MOTHER'S MAIDEN NAM BEULEAH	MIDDLE		FORTUNE	
		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (1F YES, G	RMED FORCES? VE WAR OR DATES)	578-10-93		WILLIAM F.	NEFF	SILV	CAPITO ER SPRI	NG,Md.
	ION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	(b) DUE TO, OR (c)	AS A CONSEQUENCE AS A C	CE OF		NAL DISEASE OR COM	NDITION GIVER	NIN PART ITO	
2	CERTIFICATION	19a DATE OF OPERATION		ION FOR WHICH OP	PERATION	WAS PERFORMED	20a AUTOPSY? YES NO X	20b. IF YES, Y IN CERTIFYI YES	WERE FINDINGS NG CAUSES OF	USED DEATH?
1	MEDICAL CES	? 1 a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M	A. MONTH DAY	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM TO PAR	TORPART 2)	
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STRE	OF INJURY ET, FACTORY, OFFICE, FARM		211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		220. I certify that (1) this hosp sow the deceased alive or above 10 west and on a 22b. SIGNATURE	USCU		, one	d that ((my)) our) opinion d DEGREE	MEDICAL STA	AFF CIAN []	7-28	8-87
			WER	MD			R SPRING	MPSHII	20904	SNUE
	- (	BURIAL, CREMATION, REMOVAI (SPECIFY) CREMATION UNERAL DIRECTOR NAME W. W. CHAMBERS	7-29-19		HAMB	F41117	236 LOCATION CITY OF TOWN RIVERD REC'D BY REGISTRAL	ALE,	P.G.C	JATE BM

RIVERDALE, Md. 20737

S. Carlot or many to

Total . March 18 Ac State . I . I

05.9628

	FOR			DEPART	TMENT OF H	EALTH AND MENTAL HYC	SIENE				_
1.	STATE			DLIAN			CA				
	REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. NO.	2	13	15
	CEASED NAME	FIRST	,	MIDDLE	l.	AST	20. DATE OF O	EATH M	See See	16 40	th. HOUR
fire	OR PRINT)	Alice	Bı	rown	Ne	Ison		July	8,	1987	5:15 A
B. SEX	(		4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEAR	RS LAST BIRTHE	DAY)	MARK I REGION N	FUNCTED THE
Fe	emale		White		Octo	ber 24, 1919	67		VBS.	HONTHS DATE	HOURS MAIN
a. BI	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.		9 BALTIMORE	CITY OR	7 554	OF DEATH	-
Ka	ansas		U.S.A.		WIDOWE	D NEVER MARRIED DIVORCED	Prince	Geo	rge's	Count	у "
Ri	verdale		5010 Oc	lethorpe	Stree	or other institution	TYPE OF WORK FO	CUPATION OR MOST OF V	VORKING LIF	126 KIND ( INDUSTRY U.S.	Govt.
3a. S	AL RESIDENCE (IF NURS TATE aryland	P.G.	OTHER INSTITUTION, ITY	GIVE RESIDENCE BEFO 13c, CITY OR TOV Riverda	WN	13d INSIDE CITY LIMITS?	13. STREET AD	DRESS / Z	IP CODE	Stree	t 20737
FA	THER'S NAME	1	MIDDLE	LAST		15 MOTHER'S MAIDEN NA					-21/1
	James		F.	Brown		Elvia	Ma	argar	et	Par	ker
6a V	AS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		5010	Ogle	thorpe	Street
No	/AS DECEASED EVER es. no or unknown)	(11 162, 014	E WAR OR DATES)	507-16-4	4673	Larry Nelson	(Son)	Rive	rdale	, Md.	20737
-	Q1.		ly one cause per D BY: E CAUSE (o)	care	1 P	neumon	rea			5	d.
RTIFICATION	Conditions, if ony, gove rise to improve (o), stoling underlying couse  PART 2. OTHER SIGN  190. DATE OF OPERA	, which mediate ig the lost.	DUE TO, OI (b) DUE TO, OI DUE TO, OI ONDITIONS CO	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	VENCE OF VENCE OF VENCE OF VENCE OF	N WAS PERFORMED		40	70b. IF YES IN CERTIF YES		NGS USED
	gove rise to immocouse (o), stoling underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNIT	which mediate in the lost.  NIFICANT CONTROL OF THOM	DUE TO, OH  DUE TO, OH  DUE TO, OH  DUE TO, OH  ONDITIONS CO  196 CONDI	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	UENCE OF	24.	20a AUTOPS	40	70b. IF YES IN CERTIF YES	, WERE FINDII YING CAUSES	ONGS USED
	gove rise to improve to stoling underlying couse  PART 2. OTHER SIGN  19a. DATE OF OPERA  21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIT	, which mediate g the lost.  NIFICANT OF THE CAUSE OF DEACALEXAMINER.	DUE TO, OI  DUE TO, OI  DUE TO, OI  ONDITIONS CO  IPP CONDI	R AS A CONSEQUENCE OF INJURY M. MONTH E	UENCE OF	N WAS PERFORMED	20a AUTOPS	40	70b. IF YES IN CERTIF YES	, WERE FINDII YING CAUSES	ONGS USED
	gove rise to imm couse (o), stoling underlying couse PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTHY MEDIN 21d, INJURY OCCUR!	, which mediate ing the lost.  NIFICANT CONTROL OF THE CAUSE OF DEACALEXAMINER RED	DUE TO, OI  (b)  DUE TO, OI  DUE TO, OI  ONDITIONS CC  IPP CONDI  THE PLACE (C)  THE PLACE (C)	R AS A CONSEQUENCE OF INJURY M. MONTH E	UENCE OF  UENCE OF  DEATH BUT  H OPERATION  DAY YEAR  19	N WAS PERFORMED	200 AUTOPS  YES N  RED (ENTER NATUR	40	206. IF YES IN CERTIF YES IN ITEM 18 P.	, WERE FINDII YING CAUSES	ONGS USED
MEDICAL CERTIFICATION	gove rise to improve to stoling underlying couse  PART 2. OTHER SIGN  190. DATE OF OPERA  210. ACCIDENT WAS UNIT OR CONTRIBUTING (FETHER NOTHY MED)  210. MUJURY OCCUR! WHILE NOTHY MED)  210. 1 Certify the (1) 110. 110. 110. 110. 110. 110. 110. 110.	, which nediote ing the lost.  NIFICANT CONTROL OF THE CAUSE OF DEAL CALEXAMINER RED  AND CONTROL OF THE CAUSE OF DEAL CALEXAMINER RED  AND CONTROL OF THE CAUSE	DUE TO, OI  (b)  DUE TO, OI  DUE TO, OI  ONDITIONS CO  IPP CONDI  THE HOUR A.I  THE PLACE ( (AT HOME STR	R AS A CONSEQUENCE OF INJURY M. MONTH E M. DF INJURY EET, FACTORY, OFFICE.	DEATH BUT H OPERATIO  DAY YEAR 19 FARM. EIC)	211 LOCATION STREET  211 LOCATION STREET  ATTENDING PHYSICIAN	206 AUTOPS YES N RED (ENTER NATUR	SY?  RE OF INJURY I	POD. IF YES N CERTIF YES N ITEM 18 P.	WERE FINDII YING CAUSES S ART I OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE that (1) We) lo couses stated SIGNED
MEDICAL	GOVE rise to improve to stoling underlying couse  PART 2. OTHER SIGN  190. DATE OF OPERA  210. ACCIDENT WAS UNIT OR CONTRIBUTING  (IF EITHER, NOTHY MEDI 210. IN JURY OCCURI WHILE WHILE AT WORK  220.1 certify the (I)	, which mediate ing the lost.  NIFICANT CLOST.  TION  DERLYING CAUSE OF DEA CAL EXAMINER RED  ARK  ARK  ARK  ARK  ARK  ARK  ARK  AR	DUE TO, OIL  (b)  DUE TO, OIL  DUE TO, OIL  ONDITIONS CO  ONDITIONS CO  IPB CONDI  ZIB. TIME O HOUR A./  P./  ZIB. PLACE ( (AT HOME SIR  OIL) attended the	R AS A CONSEQUENCE OF INJURY M. MONTH CET, FACTORY, OFFICE, E deceosed from, 19	DEATH BUT H OPERATIO  DAY YEAR 19 FARM. EIC)	21c HOW INJURY OCCURION 21l LOCATION STREET  19 dd thot in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 27e ADDRESS	206 AUTOPS  YES N  RED (ENTER NATUR  deoth occurred of DIRECTOR DI	SY?  RE OF INJURY I  CITY OR TOWN  The dote  STAFF  PHYSICIA	POB. IF YES N CERTIF YES N ITEM IS P.	COUNTY  19 AT 1 OR PART 2)  county  and from the	NGS USED OF DEATH? NO  STATE that (1) we) lo couses stated SIGNED
MEDICAL	gove rise to imm couse (o), stoling underlying couse PARI 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UNIT OR CONTRIBUTING 6 (FETHER, NOTHY MEDINAL WORK NOTHY WORK NOTHY MEDINAL WORK NOTHY WORK NOTH	which mediate ing the lost.  NIFICANT CONTINUED CAUSE OF DEACAL EXAMINER RED  Withis hospi	DUE TO, OIL  (b)  DUE TO, OIL  DUE TO, OIL  DUE TO, OIL  ONDITIONS CO  IPP CONDITIONS  AT HOUR A./  IPP PLACE  (AT HOME STR  TO IN TIME DOD  THE DO	R AS A CONSEQUENCE OF INJURY M. MONTH E. D. D. FINJURY LET, FACTORY, OFFICE. De deceosed from, atta death.	UENCE OF  UENCE OF  DEATH BUT  H OPERATIO  DAY YEAR  19  FARM. EIC)	21c HOW INJURY OCCURION 21l LOCATION STREET  and that in (m) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS  6510 Kenilwo	206 AUTOPS YES N RED (ENTER NATUR  deoth occurred of DIRECTOR N	RE OF INJURY I	POB. IF YES N CERTIF YES N ITEM IS P.	COUNTY  19 AT 1 OR PART 2)  county  and from the	NGS USED OF DEATH? NO  STATE that (1) we) lo couses stated SIGNED
WEDICAL MEDICAL	GOVE rise to improve to stoling underlying couse  PART 2. OTHER SIGN  190. DATE OF OPERA  210. ACCIDENT WAS UNIT OR CONTRIBUTING  (IF EITHER, NOTHY MEDI 210. IN JURY OCCURI WHILE WHILE AT WORK  220.1 certify the (I)	which mediate by the lost.  NIFICANT CONTROL CAUSE OF DEAL	DUE TO, OIL  (b)  DUE TO, OIL  DUE TO, OIL  DUE TO, OIL  ONDITIONS CO  IPP CONDITIONS  AT HOUR A./  IPP PLACE  (AT HOME STR  TO IN TIME DOD  THE DO	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	DEATH BUT H OPERATIO  DAY YEAR 19 FARM. EIC)	21c HOW INJURY OCCURION 21l LOCATION STREET  19 dd thot in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 27e ADDRESS	206 AUTOPS YES N RED (ENTERNATUR  deoth occurred of DIRECTOR N 23d. LOCATE CITYOR  23d. LOCATE CITYOR	SYP?  CITY OR TOWN  CITY OR TOWN  STAFF  PHYSICIA  • #2'  ON  TOWN	POD IF YES IN CERTIFY YES IN TITEM 18 P. IN TITEM 1	COUNTY  19 AT 1 OR PART 2)  county  and from the	NGS USED OF DEATH? NO  STATE that (1) we) lo couses stated SIGNED

4739 Baltimore Avenue Hyattsville, Md. 20781

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detacked for use as the burial-training permit. Then please remove contactions with the State Dept. of Health and Mental Hypere prier to burial, cremation, at remaral IMPORTANT: If Item 24 is marked or Item 18 man any injury, or other traumatic event.

elegation of the state of the s 

4	ME ISSUE	1-	FOR UNK	100WN #8	7-75	STA DEPARTMENT OF	HEALTH	AND MENTA	AL HYGIEN	E				
1		3	REGISTRAR 1	em o film	MEI	DICAL EXAMIN	IER'S C	ERTIFICAT	E OF DEA	TF REA	NO.	3	16	
1800	AUG -5 8		CEASED NAME E OR PRINT)	FIRST		WIDDLE		LAST	40	OF EST	INC. X	J AY	YICR	26 HOUR
1000	EET, CEET	3 SEX		LAFA!	YETTE  15. DATE OF BIRTH	It ACE Union		ILSON, SI		DEATH MATED	U 7	20 i		M
	RECTOING PREAMENT OF HOUSE				MONTH DAY	YEAR LAST BIRTHD	AY) MONTH	DER 1 YR. IF UN		PRONOUNCED	MOISI			24 HOUR 4:30
	A VOIS		ale	Black	Dec. 3,	1947 39 40 Y	1.	1237		9. BALTIMORE CITY	/ OR COU		19 87	PM
0	SE S		ash., D.	7.	USA		MARRI	ED XX NEVER M	ORCED	Prince Ge				100
1	SERVED Y		TY OR TOWN O		11. NAME OF HOSE	PITAL, NURSING HOM			17a USU	AL OCCUPATION (		K 126 KIN	D OF BUS	SINESS
1	\$68.50 0		. Washir		1015 Serc	Estate Dr			FORA	Mechanic-	Self	emplo	yed	r
21201	AND 3		TATE aryland	FIN NURSING HOME		ERESIDENCE BEFORE ADMISS 13 CITY OR TOWN Ft. Washi	ngton	136 INSIDE CITY LIMIT	13e STRI 101	Sero Est	tate	Drive	074	15
N S	D 25 25 25 25 25 25 25 25 25 25 25 25 25		Villie N	Nelson	MIDDLE	LAST		15. MOTHER'S M FURST Fannie	Steve	MIDDLE		L/	AST	
1- Re-3	NSS /	16a. V	AS DECEASED	EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURIT	Y NO.	17 INFORMANT		ADDŖE	SS			
18/6	SAGE VISION VISION		no			578 98 3	281	Lorain	Nelson	-wife-380				
2	DUR 18. VIII. I	1	18 CAUSE OF	THI VALAC CALLEL	nly one couse per line					Blac	densb	urg,M	CI ONSET	NTERVAL AND DEATH
Z/	A SERVICE T		89	X 3 IMMEDIA	ATE CAUSE (o)	Thermal		ies						
2508	No.		Conditions	Hany, which		AS A CONSEQUENCE	OF							
3	A STANCE	1		to immediate		AS A CONSEQUENCE	OF							
100	D WE DOWN		lying cous	e lost.	(c)			5						
SONO	NDING	7	PART 2 OTNER SIGN	HIFICANT CONDITION	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERA	HNAL OISEASE	OR CONDITION GIVEN	IN PART 1 (a).		100			
RECO	- CAS ARE	CERTIFICATION	19g. DATE OF C	PERATION	IIII CONDIT	ION FOR WHICH OPER	ATIONW	AS DEDECODATED 2				Inc. at	JTOPSY?	
TAL	1000年8日	FIC	THE DAVE OF C	or currior.	176. CONDI	ON FOR WHICH OFER	AHOIY W.	AS PERFORMED!				1200		
× ×	WOON THE STATE OF	ERT	71a. EXTERNAL	CAUSEWAS	21b. TIME OF	INJURY	21c. HC	W INJURY OCCL	URRED JENTERN	ATURE OF INJURY IN ITEM	18 PART 1 OR		ESX	NO [
0 %	NO THE WO NO THE WO SHOULD BE PARIMENT RICK TO BU		UNDERLYING	G CAUSE OF	DEATH 2 PA	7-20- 19 8	7 HO	use fire						
VISIO VISIO	TING HED T 3 SHI DEPA	MEDICAL	214 INTURY OF	CURRED	71e PLACE O	FINJURY (AT HOME,	21f LO	ATION						
8	AAGE AAGE	Z	WHILE AT WORK	NOT WHILE	STREET, FACTO	house		5 Sero E	Estate	Dr.,Ft. V	Nashi	ngton	١,	MD
	ATE. T				ge of the remains desc	ribed obove, held on	Autops	y X. Inspe	ection .	Inquiry .	Princ	e Geo	rge's	s Co.
-	WHEN THE PLANT		death resulted	from: Natu	urol couses ,	Accident X, Su	icide	Homicide	. Undete	ermined monner	].			
	2855 A		ACTUAL	An	. 0	<b>\</b>		TITLE (SPECIF)	Y) Z Chief		DAT	E 7	21 2	7
	SER SER		SIGNATURE_	111	A STATE OF THE PROPERTY OF THE		M	D. Deputy	CITTWEP	CAL EXAMINER	SIGI	E 7-	ZI-S	/
	N S S S S S S S S S S S S S S S S S S S		EXAMINER'S N (TYPE OR PRIN	Ann	M. Dixon,	M.D.		ADDRESS_ 111	Penn :	St., Balto	o., M	D 21	.201	
	DA CAME	23a.Bl	JRIAL, CREMATI	ON MEMOVAL	73% DATE	73c. NAME OF CE	METERY OF	RCREMATORY	23d. LO	CATION	CC	OUNTY	STAI	TE
07/84 25M	BP		rematio		July 297	1987 Lee	Ster	ematoriu	m L	lashington	D.C	the same	0. 1.	
2.0441	DHMH - 17 (VR A15 ME (5))		neral direct	Fine Tal	Mome 7400	Seithing Va	Sad A	E 750. DA	UG 3	REGISTAR 755/RE	LA DE	FSGNV18	Redal	
	(VK A15 ME (3))			1				1000						

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FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CEDTIFICATE OF DEATH

/REG.	NO. 2	3	1

	REGISTRAR		CERTII	TCATE OF DEATH	Ö	FREG. NO.	. 60	- 1	W		-
JUE	1 DEVELLED NAME FIRST	MIDDLE		AST	2a. DATE OF	FDEATH M	ONTH	DAY	YEAR	2b. HO	UR
	Ella		Pru	nty Nibblett		July	77,	198	7	10:0	)6p <sub>N</sub>
	3 SEX	4 RACE	S. DATE C		6 AGE INYE	EARS LAST BIRTH	IDAY)	IF UNDI	ER I YEAR	IF UNDE	R 24 HRS
	FEMALE	BLACK	FEB .	2, 1922	65		YRS	MONTHS	DAYS	HOURS	MIN.
2-	To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED		RE CITY OR	COUNT	TY OF DE	EATH		
5	VIRGINIA	USA	WIDOWE		Prin	ce Geo	orge	s	- 11		ME
-	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR			12a USUAL C	OCCUPATIO			KIND O DUSTRY	F BUSIN	ESS OR
2	Riverdale	Leland Memor		pital	GLAZ				RNIT	URE	co.
2	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COU	NTY 13t CITY OR TO	OWN	13d INSIDE CITY LIMITS?	13e.STREET A	ADDRESS /	ZIP COD	DE			100
5	VIRGINIA	СНАТН	AM	YES 📉 NO 🗌		BOX 10	)			197	177
11	FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA		MIDDLE			LAS	řΤ	
	ED CARTER				RADNER						
2	160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GP	VE WAR OR DATES)		17 INFORMANT		ADDRES	5				
		231 20		JAMES NIBBLE	TT SA	ME AS	13				
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line		- Dit				-	BETWEEN	IMATE INTE	D DE ATH
	IMMEDIA	TE CAUSE (0)	wegn	J Jun a	ne 1	-		-			
	1911	DUE TO, OR AS A	buffice or	I Please	2/6	-					
	Conditions, if any, which gave rise to immediate	(b) 1011+2	ifend	proving a	110	my	2	-			
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE	harriand.	1/1/20	ifen		-540			
		(, )(c)	101	in with	Voir	000	,				
		CONDITIONS CONTRIBUTING	IO DEATH WIT	NOT RELATED TO THE TERM	IN AL DISEASE	E OR CONDI	ITION G	IVEN IN	PARI I	3	
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTO	PSY?	20b IF Y	ES, WERI	E FINDIN	VGS USE	D
91	SE				YES [	поп		TIFYING (	CAUSES	OF DEA	
#	210. ACCIDENT WAS UNDERLYING			216. HOW INJURY OCCUR	RED (ENTER NAT				RPART 2)	1.0 [	
91				1 DECT 10 C. 3							
H	(IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION							
		(AT HOME STREET FACTORY, OFFI	ICE, FARM ETC )	STREET		CITY OR TOWN	N	co	YTMUC		STATE
		ant attended the decembed fro		1/25 10 8	7	7/	1	10.8	7	d	>4
71	sow the deceased allowing	17/7/	27	nd that in (my) (aur) apinion	depth occurred	d on the date	e and ha	our and I		that (1) (	,
C	27b. SIGNATURE	ot, view the body offer death.		DEGREE						SIGNED	
7	X	11) -		ATTENDING	MEDICAL	STAFF					
-	22d. PHYSICIAN'S NAME LITTE	OR PRINT!		PHYSICIAN X	J DIRECTOR L	PHYSICIA	AN	- 1	July	8,	198
	Abraham Dabel			4404 Queens	hury Ro	oad F	21 1701	rdal	o M	ia 2	073
1	230 BURIAL, CREMATION, REMOVAL		3c NAME OF C	EMETERY OR CREMATORY	123d LOCA		- ve1	Laal	C, F1	u. 2	.073
	(SPECIFY)					ATHAM,	VIR	RGINT	ľA		STATE
	24 FUNERAL DIRECTOR					EGISTRAR 25				ŲRE	
84	milas &	ALA FRANCE	IN STREET	1111	1141	987	WALLE	Levido		books	L
84	BURIAL	GREENE FUNER	AL HOME	111	E REC'D. BY RE	EGISTRAR 25	5b. REGIS	STRAR'S	SIGNAT		

BP DEMH C16 60M 7/84 (VRA 15. 4)

OR ATTENDING PHYSICIAN. The

TO HOSPITAL OR ATTEN

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	of smilant	STREET
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	W 14 BS7.j~	

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 	 		_	_	_	-					-	_				i

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

٦	4 D REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	1 0		-12
Ì	1. DECEASED NAME	FIRST	٨	AIDDLE	l	AST	20 DATE OF DEATH MON	TH DAY	YEAR	2b HOUR
	(TIPE OR PRINT)	Alber	t	B	NIC	CHOLSON. Jr.	July 26, 198	37		6:20pm
	3. SEX		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY			IF UNDER 24 HRS HOURS MIN.
	Male		Marrie	W	May	24, 1 908 YEAR	79	YRS.		HOURS MIN.
1	70. BIRTHPLACE (STAT	OR FOREIGN		WHAT COUNTRY	? 8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR CO		ATH	
2	Virginia		U.S.A.		WIDOWE	D DIVORCED	Prince Geor	0		MD.
>	Lanham	Tallill.	Doctors	HOSPI	talof	Pr. Geo. Co.	Policeman	PRKING LIFE) 12b.	KIND OF	Police
1900	USUAL RESIDENCE (# 13a STATE Maryland	13b COU	ROTHER INSTITUTION, MTY	Riverda		13d. INSIDE CITY LIMITS? YES NO [	560T Taylor	Road 2	2073	Dept.
1	14 FATHER'S NAME Alber	t	B.	Nichôlso		IS MOTHER'S MAIDEN NAM	Mae			eo
	NO OR UNKNOWN	VER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	214-30-		Frances E. N	icholson Rive	Taylor erdale,		
	18 CAUSE OF D	EATH (Enter o	nly one couse per	line for (a), (b), a	nd (cl.)			В	APPROXIA	MATE INTERVAL ONSET AND DEATH
	PART I, DEAT	IMMEDIA	TE CAUSE (a)	shyperk	alemi	4				
			DUE TO, OI	RAS A CONSEQU	JENCE OF	16				
	Canditions, if gave rise to	ony, which	(b)	acute	100	nol Farline				
	cause (o), s		DUE TO, OF	AS A CONSEQU	JENCE OF	Sepsis, m	etostatic CA	1		
	PART 2. OTHER:	Lution	, .	ui arling to		NOT RELATED TO THE TERM	MAL DISEASE OR CONDITIO		PART Ita	stula
	NO DATE OF OP	ERATION	Blue	drue 6	Colo	A Part .		b. IF YES, WERE I CERTIFYING C YES		GS USED OF DEATH? NO
		CAUSE OF DE	ATH HOUR A.	M. MONTH	DAY YEAR	21c. HOW IN WRY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR	PART 2)	
	(IF EITHER NOTIFY  21d. INJURY OCC  WHILE NOTIFY  AT WORK		21e PLACE			211. LOCATION STREET	CITY OR TOWN	COL	YINU	STATE
	22a. I certify tho	t (I) (this hasp	ital) attended the	19	Jun 87	e 18 , 1987 and that in (my) (aur) apinion o	, toJuly 26 leath accurred on the date a			that (1) (we) last causes stated
	22b. SIGNATURE	e) (did) (did fil	ar view the body	offer death.		DEGREE	,	22	c. DATE S	SIGNED
	Juker	Lla	un			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		7-2	8-87
	PHYSICIAN'	SNAME (IIII	CHEPRONE)			22e ADDRESS				
	,		lacer, l				ranch Ave., C	linton,	, Md	. 20735
		irial	07/30			EMETERY OF CREMATORY				Maryland
	24 FLAWAGE CO	asch's	Sons Fu	neral Ho	me, P		REC'D. BY REGISTRAR 25b.	REGISTRAR'S		URE
	4739 Balti	more A	venue H	yattsvill	e, Md	. 20781 AUG 3	1901	· pastdern	. Kano	Contract

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Hein

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STATE	OF	MADY	LAMD
JIMIL	~,	ITT PAIN I	LAITE

	h-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG CATE OF DEATH	IENE REG. NO.	213	1 63
		CEASED NAME VIOLA	WIDDIE	JUES	SE	20 DATE OF DEATH MON	11 87	730 M
Ì	3. SEX	× - 1	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDA	(FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
ļ		temak	Caucasian	May	30 1903	84	YRS	
		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR CO		
ļ		ISCONSIN	U.S.A.  11. NAME OF HOSPITAL, NURSI	WIDOWE	Trans.	120 USUAL OCCUPATION	EORGES	MD. OF BUSINESS OR
	C	UNTON	SO, MARYLAN	ADDRESS S	PITALCENTE	Tipe of work for most of wo	RKING LIFET INDUSTRY	Fed.Gov't
I	130. S Ma			/N		13e.STREET ADDRESS / ZIF 8103 Kerby	CODE Parkway Co	20744 ourt
	I4 FA	Waldemar	Guithe	il	15. MOTHER'S MAIDEN NAM Hedwig	, WIDDLE	Humme	ST.
		VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVI NO	MED FORCES? 166 SOCIAL SECTOR (168 SOCIAL SECTOR MAR OR DATES) 579–48–6		Louis N. Ferg	guson Ft. Wash	by Parkwai	Court
		PART I. DEATH WAS CAUSE	nly ane cause per line (ar. (a), (b), or (b) (b), or (b) (b), or (c) (b), or (c), (b), or (c), (c), (c), (c), (c), (c), (c), (c),	five,	Heart Far	luie	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		Canditions, if any, which gave rise to immediate cause Ial, stating the underlying cause last.	DUE TO, OR A A CONSEQUENCE	ins		luie ease ovasaulur		<u>.</u>
	LION	Shabete	Mellitus.	a	Therosal	IN AL DISEASE OR CONDITION	ON GIVEN IN PART 10	j ·
	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED		I IF YES, WERE FIND IT CERTIFYING CAUSES YES	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	TEM 18 PART ( OR PART ?)	
1	MEDICAL	21d INJURY OCCURRED  WHILE OF NOT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		ZII LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		saw the deceased alive an abave, (1) ( ) (did) ( did	tal) attended the deceased from 19	7 7 , one	, 17	death accurred on the date of		that (the (we) last causes stated
		RALLE C	maugh	w	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	-11-87
		R.A. Ma	CONNAUGH	y	5618 St. 6	BARNABAS	Rd OXUM	Hill Me
1	230 B	BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY Omfort Cemeter	23d LOCATION ry Alexandria	a cowirg	inia STATE

Mount Comfort Cemetery

24 FUNERAL DIRECTOR

George P. Kalas Funeral Home Oxon Hill, Md. 130 9415 REC.D. BY REGISTRAR'S SIGNATURE Julia Dender Lands

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate h should be detached for use as the burial-transit | with the State Dept. of Health and Mental Hygiei MPORTANT: If Item 21 is marked or Item-18

West let Milleton College A.A. Aldours and seem a seem a seeman of the

061957

### STATE OF MARYLAND

8	REG. NO.	2	1	3	2	-
	REG. NO.					

G		FOR STATE OF GISTRAR	DEP	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 REG. NO. 2 1 3 2 4						
	1 DEC	OR PRINT) VIOLA	A S.		NYLIN	2a. DATE OF DEATH	7. 31.87	26 HOUR 7.45PM		
	3 SEX	FEMALE	4. RACE white	5. DATE (		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YE. MONTHS DAY			
1		RTHPLACE (STATE OR FOREIGN	UOA		D NEVER MARRIED	9. BALTIMORE CITY OF	rge County	MD.		
3		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVES LELAND MEM	STREET ADDRESS]		120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIFE	ION 126. KIND			
5	13a S Md		VIY 13t. CITY OR		13d INSIDE CITY LIMITS? YESX NO	13e STREET ADDRESS A		81		
7	Charles Diahl				15. MOTHER'S MAIDEN NA/ Catherine	ne Haring				
1			VE WAR OR DATES)	28-9203	Viola Heishma	an 8409 Gree		202 20770		
	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING	EQUENCE OF	PULMONA  ** NOT RELATED TO THE TERM  ** ** ** ** ** ** ** ** ** ** ** ** *			1 <sub>1</sub> a		
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FIND IN CERTIFYING CAUS YES	WERE FINDINGS USED NG CAUSES OF DEATH?		
5		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	RY IN ITEM 18 PART I OR PART 2	,						
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE FARM, ETC )	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE		
		22a I certify that (I) (this hasp saw the deceased alive an above, (I) (we) (did) (did no	- 777		7-22-, 19 <u>87</u> nd that in (my) (aur) opinion (	death accurred on the de	31 - 19 8) ate and hour and fram t	=. that (h (we) last he causes stated		
		22b. SIGNATURE	wa			DIRECTOR   PHYSIC	FF _	TE SIGNED		
		ASIF S	PRINTI PRINTI		4700 BERW	YN House	RD, Co	llege PK		
		Burial, CREMATION, REMOVAL	8/4/87	Arlingt	emetery or crematory on National	Arlington	Fairfax V	irginia		
	24 FU	ineral director Donæld V. Borgw	ardt 4400 Powe	e Md 200	Rd AUG		Julia Dender	Rudall		

DHMH - 16 60M 7/B (VRA 15, 4)

BP.

deoth. Page 4 may be

#### STATE OF MARYLAND

	FOR STATE REGISTRAR	GIENE	0 1 7 0 1		
	1 DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	NTH DAY YEAR 26 HOUR
	ANNA P.	OFFUTT		There were all of the	
	ANNA P.	14 RACE	5. DATE OF BIRTH	JULY 1	
	FEMALE	Black	Feb. 7, 1938	49	MONTHS DATS HOURS MIN.
4	To BIRTHPLACE (STATE OFFOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	9. BALTIMORE CITY OR CO	
1	Alabama	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEO	RGES COUNTY MD
)	CLINTON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET SOUTHERNMARY LA		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO None	12b. KIND OF BUSINESS OR
1	USUAL RESIDENCE (# NURSING HOME O 130. STATE 13b. COU Maryland PG	ROTHER INSTITUTION GIVE RESIDENCE SEFORE	E ADMISSION)	13e STREET ADDRESS / ZIF 4815 Wood	
1	I4 FATHER'S NAME Jessfre Willar	dibbi Boyd LAST	15. MOTHER'S MAIDEN NA Anni <sup>R</sup> E Pe		EAST
	160 WAS DECEASED EVER IN U.S. AF  (YES, NO OR UNKNOWN)  (1F YES, GI	RMED FORCES? 166. SOCIAL SECU IVE WAR OR DATES) 406 48		5 Woodf OP d SS I ffutt-husbar	Lane-Upper nd-Marlboro,Md.
	PART I. DEATH WAS CAUSI	DUE TO, OR AS A CONSEQUE	RESPIRATORY ENCE OF	FAILURE AL ACCIÓ	DAYC  ENT WEEKS
		CONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 1101
)	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IL IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH?  YES NO NO NO
	OR COMMUNIC CAUSE OF DE		AY YEAR 19	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART ?)
	(IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
	saw the deceased alive are above, (1) (we) (and) (did no	ntal) attended the deceased from 19 of) view the body ofter death.		death accurred on the date of	nnd hour and from the causes stated
	276 SIGNAUSES	m		MEDICAL STAFF DIRECTOR   PHYSICIAN	7 1 187
/	WISOTS	Ky	6/88 . C	XON Will.	NO DON HUE
	230 BURIAL, CREMATION REMOVAL	The second secon	NAME OF FEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	Burial (//)	July 6./1987	Lancovn Memor	rial Cemeter	ry Suitland, Md

DHMH - 16 60M 7/84

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or ottending physician.

(VRA 15, 4)

24 FUNERAL DIRECTOR
Stewart

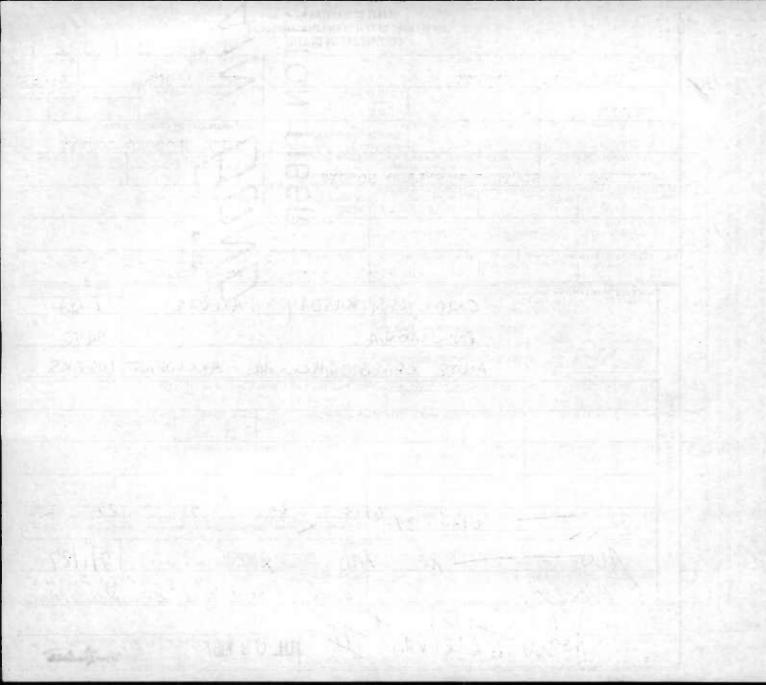
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the build-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is morked or Item 18 shows any injury, or ather traumotic event, the medical expan

Memorial

Cemetery Suitland, Md.

RYBEGISTRAR 356. REGISTRAR'S SIGNATURE La Sandon Rondoll Road



JUL 23 (FASED NAME FIRST MIDDLE LAST 26 DEATH MONTH OF DEATH OF WHAT COUNTRY?  AND THE COUNTRY OF DEATH OF WHAT COUNTRY?  MARRIED NEVER MARRIED NEVE	VRS.  OUNTY OF DEATH  126 KIND OF BUSINESS OR
3 SEX  Male  Caucasian  Aug. 29, 1937  BALTIMORE CITY OR CO. WIDOWED DIVORCED  U.S.A. WIDOWED DIVORCED  III. CITY OR TOWN OF DEATH  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. USUAL OCCUPATION	TEUNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.  YRS.  UNITY OF DEATH  126 KIND OF BUSINESS OR INDUSTRY SNELL & SONS
Male Caucasian Aug. 29, 1937 YEAR 49  76. BIRTHPLACE   STATE OR FOREIGN COUNTRY)  McGrady N. C. U.S.A. WIDOWED DIVORCED   PRINCE  10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	PRES DUNTY OF DEATH  JEORGES MD  REINGLIFF INDUSTRY  MECH Snell & Sons
76. BIRTHPLACE ISTATE OR FOREIGN TO COUNTRY? 8. MARRIED NEVER MARRIED NE	ALTORGES MD REINGLIFE INDUSTRY MECH Snell & Sons
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	RKING LIFE INDUSTRY SNELL & SONS
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) / HOS DIZIN CON Alim Siding	Mech Snell & Sons
o of the transfer of the property of the prope	ngland Dr. 29735
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. STREET ADDRESS / ZIP  Maryland  P. G. Clinton  132. STREET ADDRESS / ZIP  YEXX NO  10900 New En	
14 FATHER'S NAME  FIRST  MIDDLE  LAST  15 MOTHER'S MAIDEN NAME  FIRST  MIDDLE	P 9 0 1 145T
Thomas C. Osborne Ollie	Wingler
NO N	A-E
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o), Sorohy differentiated Epidermoid  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost  (c)  DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS	ON GIVEN IN PART Ito
FIC	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
VES NOT THE OF INJURY OF ICE, FARM, ETC.)  YES NOT THE OF INJURY OF ICE, FARM, ETC.)  YES NOT THE OF INJURY OF ICE, FARM, ETC.)  YES NOT THE OF INJURY OF ICE, FARM, ETC.)  YES NOT THE OF INJURY OF ICE, FARM, ETC.)  YES NOT THE OF INJURY OF ICE, FARM, ETC.)  YES NOT THE OF INJURY OF ICE, FARM, ETC.)  YES NOT THE OF INJURY OF ICE, FARM, ETC.)  YES NOT THE OF INJURY OF ICE, FARM, ETC.)  YES NOT THE OF INJURY OF ICE, FARM, ETC.)  YES NOT THE OF INJURY OF ICE, FARM, ETC.)  YES NOT THE OF INJURY OF ICE, FARM, ETC.)  YES NOT THE OF INJURY OF ICE, FARM, ETC.)  YES NOT THE OF INJURY OF ICE, FARM, ETC.)  YES NOT THE OF INJURY OF ICE, FARM, ETC.)	ITEM 18 PART I OR PART 2)  COUNTY STATE
Of the state of th	10 0 7
sow the deceosed alive on obove, (1) (we) (did) (did not) view the both ofter death.	and hour and from the couses stated
726 SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	224 DATE SIGNED
1226 ADDRESS  W- CHANDRA.  1226 ADDRESS  9131, P.SCATAWAY R	20 CLINTON, M

DHMH - 16 60M 7/84

BP.

23a. BURIAL, CREMATION, REMOVAL (SPECKY)
BURIA1
24 FUNERAL DIRECTOR I E F Lee Funeral Home Inc. (VRA 15, 4) 6633 Old Alexander Ferry Rd Clinton Md 20735

07/26/87

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Miles-Osborne Family Cem Nash Co North Carolina
The 1250 Date REC'D. By REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE DECEASED NAME OF ESTI-Lillie DEATH MATED IF UNDER 24 HRS DATE RONOUNCED Black Nov 10 1900 86 DEAD 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED Virginia Prince George U.S.A. DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Private Cheverly Prince George Hospital Domestic USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 130 Maryland 1136 COUNTY 13d INSIDE CITY LIMITS? Landover 9012 Hobart St NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE MIDDLE Richard Martin Eva Thompson BALTIMOR 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Alandover, Maryland \$78-46-5068 James W. Osborne, Jr./9012 Hobart St 18 CAUSE OF DEATH (Enter only one couse per life for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or USED A 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN WHILE AT WORK 220. I certify that I took charge of the remains rescribed above, held an Inspection EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN death resulted from Homicide Undetermined monner PG 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY Burial Jul 25, 1987 Lincoln Cemetery Suitland Maryland 07/84 BP 24 FUNERAL DIRECTOR 24 DATE REC'D BY PEGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** J.B.Jenkins FH/7474 Landover Rd/Landover, Md (VR A15 ME (5))



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	1.	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
2	R	REGISTRAR		CERTIF	ICATE OF DEATH	67 RE	2 V 3	ナスト			
4	I. DE	EASED NAME FIRST	WICIOLE		AST	20. PATE OF DEA	THE MON'H	YEAR 26	HOUR		
	(TYPE	ORPRINT)	D	0	. 1		7 1	687	3		
	3. SE)	Joseph	4. RACE	S. BATE C	tler DE BIRTH	6. AGE (IN YEARS LA		0	UNDER 23 HRS		
				MONTH	DAY YEAR		~		DURS AIN,		
1	7. DI	Male RTHPLACE (STATE OR FOREIGN	Caucasian		e 5, 1909	7.8	YRS.	OFFICIAL			
21		OUNTRY)		MARRIE	NEVER MARRIED	9 BALTIMORE CI	_				
7		kansas	United Sta				George		MD		
6		TY OR TOWN OF DEATH			OR OTHER INSTITUTION	120 USUAL OCCU	PATION	12b. KIND OF BI	USINESS OR		
	Ci	neverly	Prince G	eorge's Ho	spital	Painter	OST OF WORKING LIFE	Pecorati	ng		
100	U5U/	AL RESIDENCE (IF NURSING HOME OF		SIDENCE BEFORE ADMISSION)	A LOLD MICIDE CITY LIVING	? 13e. STREET ADDR	rcc				
5				densbura	13d. INSIDE CITY LIMITS YES NO	4208 53r		#2 207	710		
al.		THER'S NAME		delisburg	15. MOTHER'S MAIDEN		d Avenu	Je			
	Jol		MIDGLE	LAST	FIRST	MIDI	SI SI	nodgrass			
	16- 34	VAC DECEASED EVED IN LILE AR		Outler OCIAL SECURITY NO.	Sibby 17 INFORMANT	R. 560	36REWestg				
	No		E WAR OR GATES)	-10-2744	Louie Outle						
					Louie Outle	(SUII) Lai	man, wi				
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line fa	r (q , (b), and (c)			1.	APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND DEATH		
8		IMMEDIATE CAUSE (a) Candia Hulmonan									
			DUE TO OP AS A	CONSEQUENCE OF	1		1				
9		Canditians, if any, which	(6)	mino	anth	ic 1831	work	000			
		gave rise to immediate	) (0)		1	1		X			
3	15	cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF	Therend	Sugarlast		10			
		PART O OTHER CICALIES AND	(c)(D	IVITULE	A A COLON	Micheli	an.				
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL THE ASE OR CONDITION GIVEN IN PART 110									
	CERTIFICATION	19g DATE OF OPERATION	7	OR WHICH OPERATIO	NI WAS BEREORIES	20a AUTOPSY?	Table IE VEC	WERE FINDINGS	Henn		
)	5	140 DATE OF OPERATION	148 COMBON	OR WHICH OPERATIO	N WAS PERFORMED	ZVO AUTOPST	IN CERTIFY	ING CAUSES OF	DEATH?		
7	RT					YES NO			10 1		
2		218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	10 TIME OF INJU	NONTH DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE O	FINJURY IN ITEM 18 PA	RT ) OR PART 2)			
7	S	(IF EITHER NOTIFY MEDICAL EXAMINER		19							
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJ	URY TORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE		
	>	AT WORK AT WORK	TAT HOME, STREET, FAC	TONT, OFFICE, FARM, ETC.)	X	-A	1.1				
		220 I certify that (I) (this hospi	ital) ottended the dece	ased from	195	, to	101	9 that	(I) (we) last		
		saw the deceased alve at abave, (1) (we) (did) (eld no	10/15	198 0	d that in my) (aur) apin	ian death accurred an t	he date and haur	and from the cau	ses stated		
		77h SIGNATURE	The body affer o		DEGREE		1	22c. DATE SIG	NED		
		4+			ATTENDING	G _ MEDICAL _	STAFF	1-11-1	249		
1		224 PHYSICIAN'S NAME (THE	A makes		PHYSICIAN 22e. ADDRESS	DIRECTOR   PH	IYSICIAN [	11/1	121		
/		in more and a start hand	1		DI 1	100 TA	Chu	word,	1		
			IMM.	1-	17000	024 CF	- WO.	MEGL			
	23a B	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATOR	CITY OF TOY		COUNTY	STATE		
	Bu	rial	07/20/87	Ft. Lin	coln Cemete		od Prin	ce Geo.	MD		
	HIPE	ancis ReCasch's S	ons Funera	Home P	A 250. 1	DATE REC'DEN REGIST	RAR 256. REGISTE	ARIS GUERNAT WITE	addle.		
	473	39 Baltimore Av	enue Hyatt	sville, MD	20781	1111 24 198	10				
- 1											

STATE OF MARYLAND

DHMH - 16 50M 4/82 (VRA 15, 4)

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		and the state of		
The second second			Maria Car	
				Winner.
			Sign of February	
CONTROL OF THE STATE OF THE STA				
	7			
				Life

FOR STATE

STATE OF MARYLAND

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DEP	ART	MENT	OF	HEALT	H	AND	MENT	AL	HYGIENE	
		CE	RTI	FICA	TE	OF	DEAT	H		

1-1	- 1	1 -		
D IR	EG. NO	1	52	5
DATE OF DEA	HINOM HIA	DAY	YEAR	2b

7.	REGISTRAR			CERTIF	ICATE OF DEATH	D	REG. NO	01	2	>	
	CEASED NAME FIRST		MIDDLE	0 1	AST .	20. DATE C	OF DEATH	AONTH DAY	YEAR	26 HOUR	
LITTE	FOR PRINT) Hele	n 1	1.	Pau	1;			7 8	87	457	) M
3. SE		RACE	1	5. DATE C		6. AGE (IN	YEARS LAST BIRTH	HDAY) IF	UNDER I YEAR	IF UNDER 24 FIR	5
	Female	Cauc.	asian	MONTH 12	31 13		73	YRS	VIHS DATS	HOURS MR	4.
		b. CITIZEN OF	WHAT COUNTRY?	8	XX NEVER MARRIED	& BALTIM	ORE ÇITY OF	COUNTYO	FDEATH		
Ca	alifornia	U.S	. A .	WIDOWE		Pri	nee .	Georg	ges		MD.
10. C	ITY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	12a. USUAI	LOCCUPATIO	N P	146. KIND-O	F BUSINESS C	-
Ft	Washington		WASH. 6	A .	b. Con Tex		rnmen			ed. G	ov
USU	AL RESIDENCE (IF NURSING HOME OR C	THER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	- 00000	Le expect	ADDDCCC /	TID CODE		20744	_
		e Geo	rge Ft.	Wash.	13d. INSIDE CITY LIMITS? YES XX NO [	237	ADDRESS / Inve	rness	La.	20744	
14. F/	ATHER'S NAME	IDDI E	LAST		15. MOTHER'S MAIDEN NAM	ME	WIDDLE		LAS		
	Leon	OUIT	Accari	er	Irene		MIDDIE		Unkr		
	WAS DECEASED EVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECU	IRITY NO.	17 INFORMANT	2	2 7 ADDRES		ac I		
	YES, NO OR UNKNOWN) (IF YES, GIVE	WAN ON DATES!	554-01	-9586	Andrew Pa	ul 2	FF. Wa	yerne	ton,	Nd.	
	18 CAUSE OF DEATH (Enter only	one couse per	line for (a), (b), and	رمور ا			2	4	BETWEEN	MATE INTERVAL	Н
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) LEGITLE (				des pullor	www. (Irrest			211	1115	
129	DUE TO: OR AS A CONSEQUENCE OF ALL O										
	Conditions, if any, which I was a Could Fatal analystymea						311	11175.			
	gove rise to immediate couse (a), stating the DUE TO, OR ASTA CONSEQUENCE OF										
	underlying cause last. (c) Until new political Caldellist. V15.							15	gue	0.	
	PART A OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (La									==	
CERTIFICATION	Hovances Semertia & Farkingen's Pislase										
S	190 DATE OF OPERATION 196 CONDITION FOR WHIC			OPERATIO	N WAS PERFORMED	20a AUT	OPSY?	206 IF YES, V		OF DEATH?	
E	DVH	1000	DN	NH			NOD	YES		NO [	
Ü	710. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH DA	AV VEAD	21c HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)		
1 K	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.,		19	DXK	7					
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY	ABM EIC I	211 LOCATION		CITY OR TOW	N	COUNTY	STATE	
>	AT WORK AT WORK	TAT TOME, STA	CET, FACTORY, OFFICE, F	ARM, ETC.)	b a	-	-/				
	22a.1 certify that (I) (this hospita	l) attended th			MMC 19,80	, to	_///	, 19	S.F.	that (I) (we) la	ost
	saw the deceased alive or abave, (1) (we) (did) (did not)	view the body	ofter death.	12.00	nd that in (my) (aur) apinion	death occur	red on the do	te and hour a	nd from the	couses stated	
	226. SIGNATURE	11/			DEGREE				22c DATE	SIGNED	
	Xichard (	1. 111	rapor.	MIL	ATTENDING PHYSICIAN	DIRECTO	R PHYSICI		77	8-81	7
1	224 PHYSICIAN'S NAME (TYPE OR	PRINT	_ /		22e ADDRESS Q40	121	10/10/	Kena	& Huy	1.15	$\overline{}$
	Michard	H. T	arsim	MD	It Wash.	. m.	/ 20	744	0	260	٦
23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE	23/ N	NAME OF C	EMETERY OR CREMATORY	23d LOC					=
(	(SPECIFY) Cremation	7/9/	87 Me	trope	olitan Crema		Ale	xandr	ia T	Virgin	ia
_	UNERAL DIRECTOR		61	60 03	con Hill 25 RPA	E REC'D BY	REGISTRAR 2	Sh. REGISTRA	R'S SIGNAT	URE	

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician

DHMH - 16 60M 7/84

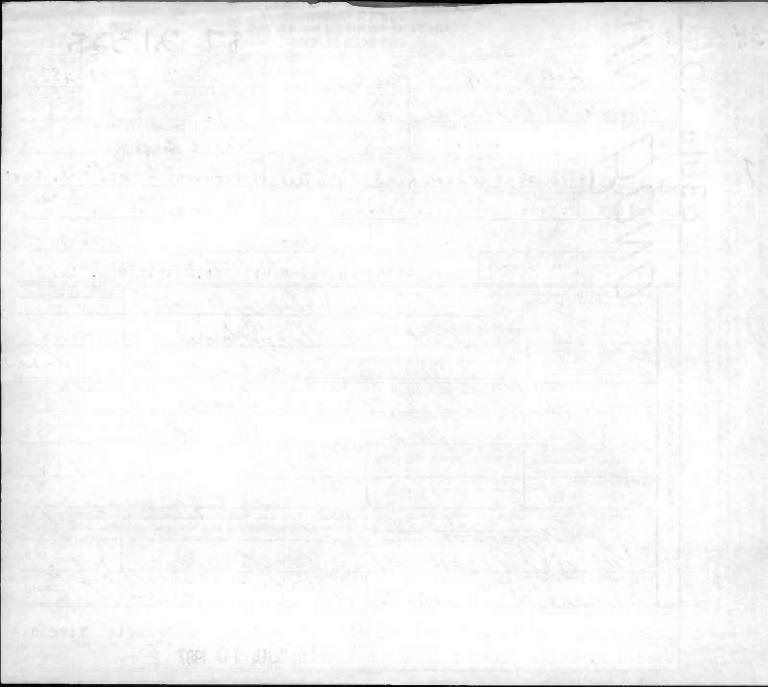
George

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers-i with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal. MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

(VRA 15, 4)

P. Kalas Funeral

Metropolitan Crematory Alexandria Virginia 6160 Oxon Hill Park Record By REGISTRAR 256. REGISTRAR'S SIGNATURE Oxon Hill, MUL 10 1987 Julia Dender Condens Alone Home



TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

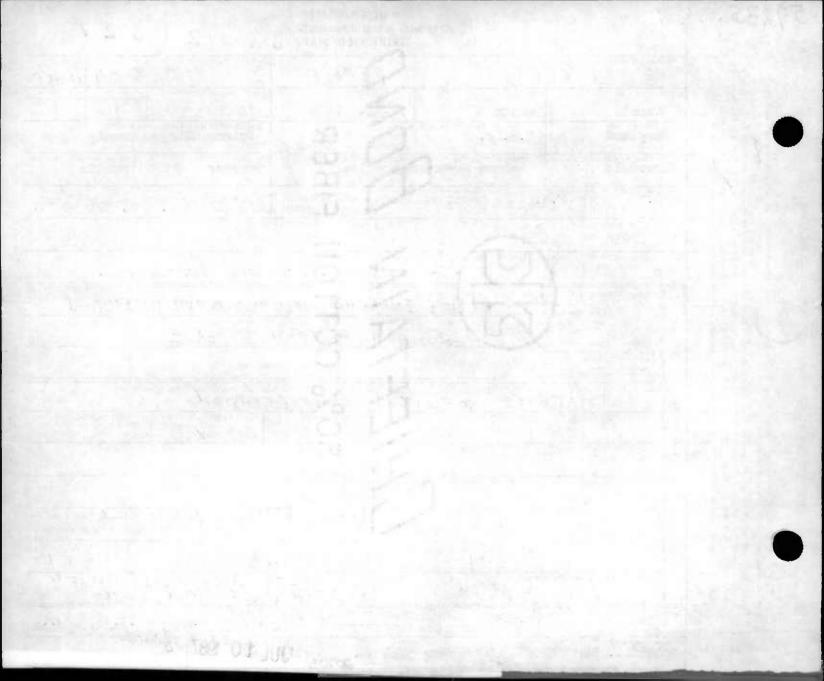
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JUL 1	i	Item #2  FOR STATE REGISTRAR	a G 62	29 7/28		ARTMENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEAT		7	1 3	20	
er death		ECEASED NAME	FIRST		MIDDLE	(	ARSON		REG. NO.	MONTH DA	1987 2b	1 : 20 PM
و في	3. S	Male	4	RACE Bl	ack	5. DATE C			6 AGE (IN YEARS LAST BIRT	YRS	THE RESERVE TO SERVE THE PERSON NAMED IN	UNDER 24 HRS OURS MIN.
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equipped be	Ma		DIST COUNT	orge	HILLO	rest	13d INSIDE CITY L YES NO		13e11921 DDRESS /	ZIP CODE WOOD	Street	0748
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ond co	160	WAS DECEASED EVER (YES NO OR UNKNOWN)	1 9 4 4 -		260 31	0 7680	Dorothy	LE	Pearson S		as #13	
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has been sign permit. Then ene prior ta bu aws any injury.	CERTIFICATION	19a DATE OF OPERA					N WAS PERFORME		200 AUTOPSY?  YES NO	20b. IF YES,	WERE FINDINGS	
certificate vial-transit ental Hygin Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CALEXAMINER)	P.	M. MONTH M.	DAY YEAR		OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM IB PAR	RT I OR PART 2)	
fter this as the but th and M	MED	WHILE NOT WE AT WORK	THE	21e PLACE (AT HOME STE	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC )	211 LOCATION STREET		CITY OR 10V	VN	COUNTY	STATE
for use of Health		220.1 certify that (1) sow the decease above, (1) (we) (	ed olive on_	5 JULY		07		87 ) opinion d	eoth occurred on the do		987, tho and from the cou	t (I) (we) last uses stated
RAL DIREC detoched tote Dept. NT. If Item							NDING SICIAN	MEDICAL STAF		5 JUL	Y 1987	
shauld be deto		DANYER		Brer	n		22e ADDRESS MALCOLM	GROW	USAF MED CE	N AAF		
F 70 3 ≦		BURIAL, CREMATION, (SPECIFY) Buria	11	236 DATE 9July1	L987	Arling	emetery or cremton Nat:		23d LOCATION CITY OR LOWA Arling	gton	Virg.	inia
16 60M 7/84 A 15, 4)	24	FUNERAL DIRECTRO	ert itlan	E Will d Mar	nelm F cyland	uneral	Home	JUL DATE	REC'D. BY REGISTRAR			اعلاء

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND



### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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161615 AUG	+4 87TE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	SIENE CO. 1	·) (8
O I O I J AUG	REGISTRAR		CERTIFICATE OF DEATH 8	REG. NO.	lin G
e w <del>t</del>	1. DECEASED NAME FIRST (TYPE OR PRINT)	NE MARIE	DETER	20 DATE OF DEATH MONTH DAY	75 HOUR 11:28P M
nay be page 3	3. SEX	4 RACE	PETERS  15. DATE OF BIRTH	July 29, 1987	UNDER I YEAR IF UNDER 24 HRS
ge 4 r	Female	White	February 18, T929		NIES DAYS HOURS MIN.
4 poor 35	70 BIRTHPLACE (STATE OR FOREIGN Pennsylvania	76 CITIZEN OF WHAT COUNTRY	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ■	Prince George's	F DEATH MD.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 CITY OR TOWN OF DEATH Cheverly	Prince George's	Hospital	Security Guard	Litton Amecon
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ampletely of the control of the cont	William	T homa:	s Virginia	WIDDIE	McDonnaugh
n and co	NO WAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)  577-40-		ADDRESS 27 Hi psey (Daughter) V	Waldorf, Md.
ertificate be executed within 24 haurs in g physician and campletely filled in by conpapers. Pages Find 2 should be fille ending the medical sydman must be not be	18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU IMMED	USED BY	aby Erreit		APPROXIMATE INTE 460 BETWEEN ONSET AND DEATH
death ce attending ave carb	Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE (16)	lac Ever		
NG PHYSICIAN: The law requires that the death certificate this certificate has been signed by the attending plas the bural-transit permit. Then please remove carban thand Mental Hygiene price to brual, cremation, ar remorted or them 18 show any injury, or other parts.	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF		
quires t signed Then ble ta buro njury, of	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 1:0
he law re on. hos been t permit. I	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICE	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, V IN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
CIAN: T physical pl-transi traf Hyg		DEATH HOUR A.M. MONTH C	PAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
G PHYSI attending er this ce s the burn and Mer	OR CONTRIBUTINGCAUSE OF	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
TENDIN ortol or TOR: Aft for use of the of Health	670-1 certify that (1) (this has	an 19	, and that in (my) (our) apinian	death accurred on the date and have a	, that    (we) last
TAL OR ATT AL DR ATT AL DIRECTO Alenoched for oute Dept. of Them 2.1	276. SIGNATURE DA	my frey hay	DEGREE ATTENDING PHYSICIAN 5	MEDICAL STAFF DIRECTOR   PHYSICIAN	77C. DATE SIGNED  July 30, 1987
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State IMPORTANT:	Barry Rosen		6501 Landov	er Rd., Cheverly,	
P = P = 3 € <del>7</del>	730. BURIAL, CREMATION, REMOV	'AL 23b. DATE 23c.	NAME OF CEMETERY OF CREMATORY etropolitan Cremato	73d LOCATION	Virginia
DHMH - 16 60M 7/84 (VRA 15, 4)		H'S SONS FUNER re Ave., Hyattsvill	AL HOME, P.A. 250 DAT e, Maryland AUG		

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06	16.28	AU	/*	87 EdwAr	dA	MIDDLE 2	Pis	SAPIA	20 DATE OF DEATH 7-28-8	MONTH DA		11 GO AM
	actor p	10	1.58	nale	CAU	10	S. DATE C	3 O 7	6. AGE (IN YEARS LAST BIR	YRS MO	NIHS DAYS	IF UNDER 24 HRS
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	on and c	2			RMED FORCES?	214-28-		Elizabeth Pa	niece ADDR tschak	same a		
	spined in the altending physical remove (orbotopopological remove (orbotopopological remove) or remove	augy other traumatic event.	NO	Canditions, if any, which gave rise to immediate cause to immediate underlying cause last  PART 2 OTHER SIGNIFICANT	DUE TO, C	CARDIO DRAS A CONSEQUE DRAS A CONSEQUE	JENCE OF	PROSTATIC C	arcinoma			IMATE INTERVAL ONSEL AND DEATH
	4	2	RTIFICATI	190 DATE OF OPERATION			H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY!		NGS USED S OF DEATH? NO []
1	oding physical his certifical e burulinan d Memal Py	100 118	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED	ER) P	OF INJURY  .M. MONTH D  .M.  OF INJURY  IREET, FACTORY OFFICE,	19	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		COUNTY	STATE
	potal or other CTOS, Attent Hor use as the	121 is morked	*	22a.1 certify that (I) (this has	pital attended th		07	d that in (my) (our) apinian	, to 7/28 death accurred on the d	ote and hour c	2 E 7	that (It (we) last
	NERAL DRE be detoched a Stote Dept	ANT, if then		22d PHYSICIAN'S NAME (TYPE	( alu	hut no	/	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		7/2	28/87
207.00	Proud by Should be	IMPORTANT	22	MARK PA	RKHUR	ST M.		7100 BAL	T. AVE CO	XLEGE	FPAR	KMD
D	BP		24 FI		July3	0,1987 G	Gate o Ir.	25a. D.A.	SILVET S	pring 1 25b. REGISTRA	COUNTY Montgo AR'S SIGNAT	mery MD TURE
	(VRA 15, 4		5	10 University 1	Blud. W	Silver Sx	oring,	MU 209011		0	100	

## STATE OF MARYLAND

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9 BALTIMORE CITY OR COUNTY OF DEATH

PRINCE GEORGES COUNTY

20. DATE OF DEATH MONTH YEAR 26 HOUR 87 07 16 q 30PM 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR

RIN1)	CHARLOTTE E.	PLACKOS
Female	A RACE White	5. DATE OF BIRTH
PLACE (STATE OR F	FOREIGN 76 CITIZEN OF WHAT COUNTRY?	B. NEV

FR MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

1305 Yucca

store owner

12K KIND OF BUSINESS OR INDUSTRY

LAST

Dorr

30. STATE	13b COUNT		13c. CITY OR TOWN
Maryland	Frince	George	Beltsville
FATHER'S NAME		-	

13d. INSIDE CITY LIMITS? NO V 15 MOTHER'S MAIDEN NAM

FIRST

John McFarland

09

13e.STREET ADDRESS / ZIP CODE 18 Hartfored Rd

William 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

last

gave rise to immediate couse (a), stoting the

underlying couse

CERTIFICATION

MEDICAL

FIRST

- STATE

3. SEX

Zo BIRTH

REGISTRAR FASED NAME

West Virginia

ID CITY OR TOWN OF DEATH

CHEVERLY

King 166. SOCIAL SECURITY NO

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

PRINCE GEORGES HOSPITAL CENTER

Etta 17 INFORMANT ADDRESS

78

20705

PART I. DE	ATH W	AS CAUSE		E (a)	( f	DC	de	20	
andition:	16		DUI	TO, OF	RASA	SONSEO	NENCE	OF O	

DUE TO, ORAS A CONSEQUENCE OF

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.

1110/21	Rose Fr C
D. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YE
FEBRUAR - COLUMN - FRICAL FRANCES	D 44

IN CERTIFYING CAUSES OF DEATH? YES T (ENTER NATURE OF INJURY IN ITEM IS PART LORPART 2)

20a AUTOPSY?

21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) 211 LOCATION

d that in (my) (our) opinion death occurred on

COUNTY

206 IF YES, WERE FINDINGS USED

he date and hour and from the couses stated

_	-							
2 a.	I certify	that (I)	(this	hospital)	attended	the	deceased	from_
	sow the	decease	ed of	ve on	-	11	151	_19
	mhaua (	11 1	1. 1. 1	J J 41 - 4	and the state of	1	1	-

DEGREE ATTENDING

MEDICAL DIRECTOR PHYSICIAN I 22c DATE SIGNED

23e. BURIAL, CREMATION, REMOVAL (SPEC Burial

27d PHYSICIAN'S NAME

22b. SIGNATURE

23b. DATE 7/20/87 23c NAME OF CEMETERY OR CREMATORY Glenwood Cemetery

23d. LOCATION CITY OR TOWN Washington D.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

MPORTANT

Donald V. Borgwardt Belts 4400 Powder

(VRA 15, 4)

STATE OF MARYLAND	
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0	1	4
1	2	
REG NO		

1,894	AL	G -	FOR STATE PEGE RAR		DEPART		EALTH AND MENTAL HYG	IENE REGEN	0.	3 3	1
18%			CEASED NAME FIRST OR PRINT)		MIDDLE		AST	20. DATE OF DEATH		AY YEAR	2b HOUR
188	3	2 05	JOHNN.		RANKLIN	POO Ts. DATE O	OLE		JUL 3		1:02a <sub>M</sub>
, po		3. SE.		4 RACE				6. AGE (IN YEARS LAST BIR	THDAY)	ONTHS DAYS	HOURS MIN.
directions	2		RTHPLACE (STATE OR FOREIGN	Caucasi	WHAT COUNTRY	2	V	9 BALTIMORE CITY C	YRS.	OF DEATH	
erol 72 h	1		lleghant Co. N			MARRIE	D NEVER MARRIED DIVORCED	Prince G			MD.
of the fun			TY OR TOWN OF DEATH	III. NAME OF H	HOSPITAL NURSI	NG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION	126. KIND	OF BUSINESS OR
24 haurs offe			amp Springs	Malcolm	Grow Ho	spita.	LAAFB	Medic	OF WORKING LIFE	US G	ovt.
		13a. S	AL RESIDENCE (IF NUISING HOME TATE 136. COL orth Carolina	INTY	RINSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. CITY OR TOWN  136 INSIDE CITY LIMITS?  PES \( \text{NO} \) NO \( \frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\f			13e STREET ADDRESS Rt 4	/ ZIP CODE	9	7999
V	10	/	THER'S NAME PRIST	MIDDLE	Poole	e Vis	15. MOTHER'S MAIDEN NAME FROM FROM FROM FROM FROM FROM FROM FROM	WE		Walker	SI
2 /3	ic event, the medicol ex	16a V	VAS DECEASED EVER IN U.S. A		166 SOCIAL SEC	JRITY NO.	17 INFORMANT	. ADDR			randview :
Pog.		C	Yes (IF YES, C	IVE WAR OR DATES)	233-48-	8829	Grandview Me	m. Funeral	Home	Exten	sionSpart
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remo				ATE CAUSE (a)	CARDIOPU	LMONA	RY FAILURE			-	
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ta burio	lury, or	2	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
prior	1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	WERE FINDS	NGS USED
ene	7	TIF						YES NO	YES	ING CAUSES	NO [
gyn	15		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		FINJURY M. MONTH D	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT ( OR PART 2)	
4	7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P./		19					
2	5	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC	211 LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
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lept.		1	Obove, NO (we) (did) Mile	of view the body	atter death.		DEGREE			22c. DATE	SIGNED
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the Sto			22d PHYSICIAN'S NAME (TYPE			1	22e ADDRESS	1.			
TAPOPTANT			DANIEL S. BRE	M, CAPT.,	, USAFMC		MG USAF MC, A	ANDREWS AFB	MD 20	331-53	00
- I	4		Burial, Cremation, Remova Burial	08/02/	87 Ne	w Have	emetery or crematory en Cemetery	Spairta 1		-	N.C.
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STATE OF MARYLAND

G	7.2 8 10	17.	FOR STATE REGISTRAR	ME	DEPARTMENT OF HEAL DICAL EXAMINER'S	TH AND MENTAL H		2 2
	ERS.	1. DEC	EASED NAME PRIST	1/	AIDOLE Pas	y Sr.	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 26. HOU
	PLEASE DIFECTOR. OUR FILES. POURS	3 SEX	Male White	5 DATE OF BIRTH MONTH DAY 09/21/36	YEAR 6. AGE (IN YEARS IF LAST BIRTHDAY) AND YES.	UNDER LYR. LIE LINDER	MIN PRONOUNCED DEAD	TO 1987 B
	THE STATE OF THE S		RTHPLACE (STATE OR LANDING	76 CITIZEN OF WI	I S A MA	RRIED NEVER MARRI	- Prince (-	
	PAGE S	C1	ry or town of death inton	Southe	SPITAL, NURSING HOME, OR C CHITY, GIVE STREET ADDRESS) Ern Maryland Ho		120 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)  Truck Driver	WORK 12b KIND OF BUSINESS OR INDUSTRY  Independent
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Lee Funeral Home, Inc. 24. FUNERAL DIRECTOR 6633 Old Alexander Ferry Rd Clinton, Md 20735

23h DATE 07/30/87

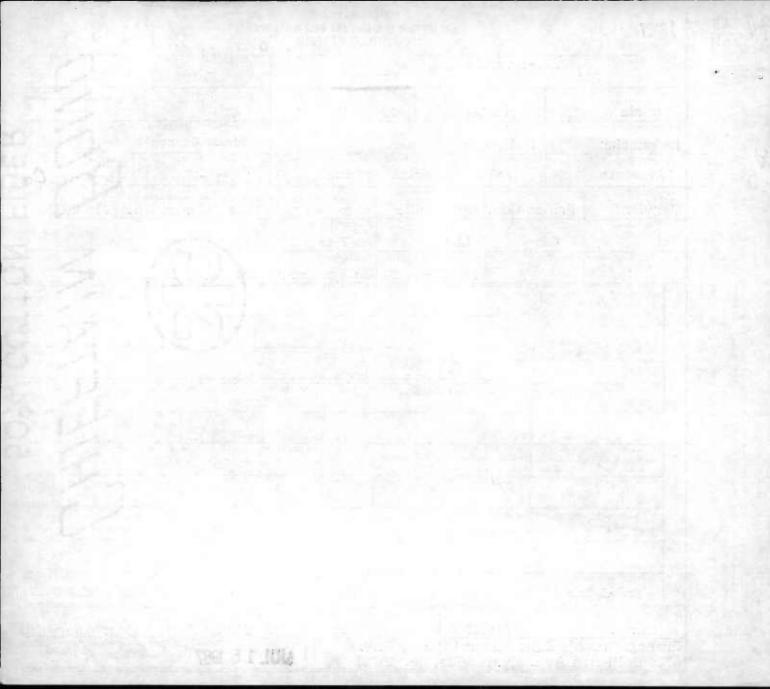
Burial REMOVAL

Resurrection Cemetery Clinton Prince George's Md. 18

AUS O C SS A C GUA

859629 11	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 / REG. NO.	3 3 4			
James Ses.	1 DECEASED NAME A.K.	AIgnatīus Oei l	iang Gwan Pramono	July 7, 1987 1:08a M				
de 4 mo) retor. po	3. SEX Male	Oriental O	5 DATE OF BIRTH  MONTH  05  03  VEAR  25	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.			
0,197	70. BIRTHPLACE ISLATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince George				
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1135	Maryland Pri	PROTHER INSTITUTION GIVE RESIDENCE BEFOR INTY 130 CITY OR TOW NCE GEO. Hyattsv	ille   13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 6700 Belcrest R	d. #719 20782			
cote be executed within a system ond completely filled in thoughts. Pages 1 and 2 shared the filled in the medical examiner.		ing Liem	Tjoa	Djiong	Nio			
Poges	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU 304-96-4		amono (son) Same	as #13			
LRECORDS, 201 W. PRESION SI,  the low requires that the death certified to be signed by the wretaging placement. Then gles the premit to burion the same prior to burion to bor same prior to burion the same prior to burion the same of	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	196 CONDITION FOR WHICH	ence of Myocardial	20e AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?			
OR ATTENDO ne hospitol or DIRECTOR. oched for use Dept. of Heol	OR CONTRIBUTING CAUSE OF DI  OR	HOUR A.M. MONTH D. P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	AP YEAR 19 211 LOCATION STREET  , 19 . ond that in (my) (our) opinion  DEGREE ATTENDING PHYSICIAN	CITY OR TOWN  CITY OR TOWN  death occurred on the date and hou	COUNTY STATE			
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote IMPORTANT:	22d PHYSICIAN'S NAME (1996  Amjad Rasul  230 BURIAL, CREMATION, REMOVA	, M.D.	22e ADDRESS 4700 Berwyn	House Road, Coll	ege Park, Md.20			
BP DHMH - 16 60M 7/B4 (VRA 15, 4)	Burial Francis Gasch's	07/14/87 G	ate of Heaven Cem	Silver Spring  E REC'D. BY REGISTRARIZSIA REGIST	Montgomery MD  RAR'S SIGNATURE			

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, MD 20781



059205 3

STATE OF MARYLAND
STATE OF MAKTEANU

TERESA E. PRATT    SACE   S. DALE PRINT   S. D		y	OR STATE REGISTRAR			CERTIF	IEALTH AND MENTAL HYG ICATE OF DEATH	8 / REG. NO.2 1	3 3 5
TERESA E. PRATT    SAME   SAME							AST		a
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TO BRITHALE  BLACK 7 8 1957 TO BRITHALE 10. INCIDENCE OF WHAT COUNTRY 11. SETTING COUNTY OF DEATH  U.S.A. WIDOWED DWORKED DWORKED PRINCE GEORGES COUNTY MODERN DRIVER OF THE RESTRICTION OF DEATH  U.S.A. WIDOWED DWORKED MARKED PRINCE GEORGES COUNTY MODERN DRIVER OF THE RESTRICTION	1	1.50		4 RACE				6. AGE (IN YEARS LAST BIRTHDAY)	
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SEAUSE OF DEATH IENTER analy one cause per line for (a), (b), and (c)	9		MERRIEL		HALL			RET	BIAS
18. CAUSE OF DEATH IENTER only one couse per line for (a), (b), and (c)					16b. SOCIAL SECU	RITY NO.	17 INFORMANT	Annapolabers Md. 2	21401
18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c)   PART 1. DEATH WAS CAUSED BY   CARD TOPULMONARY ARREST   MINUTES.   MI		100	NO			300	JERRY PRATT	19 College Creek	Terrace
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DUE TO, OR AS A CONSEQUENCE OF PULMONALE  PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO SEVERE MORBID ORESITY, SEVERE HYPOXEMIA, ACALCULOUS CHOLECYSTITIS  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  190. CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M.  190. CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M.  190. MONTH DAY YEAR P.M.  190. MONTH DAY YEAR P.M.  190. TILL COLOR TOWN  190. COUNTY STATE  190. TO JULY 4 19 87, that (I) (this hospital) attended the deceased from June 28 19 87, to July 4 19 87, that (I) (we) to sow, the deceased dive on July 4 19 87, and that in (my) (our) apinion death accurred an the date and hour and from the couses stated above, (I) (we) (did) (did) (did) not) view the Body after death.  1920. PATE W. YIM M. D.  1920. ACCIDENT WAS UNDERLYING OF INJURY (aur) apinion death accurred an the date and hour and from the couses stated above, (I) (we) (did) (did							CARDIOMY OPA:	ГНУ	YEARS.
SEVERE MORBID OBESITY, SEVERE HYPOXEMIA, ACALCULOUS CHOLECYSTITIS  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING   YES   NO   YES			cause (a), stating the				PULMONALE		Years.
OR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION STREET  22e. I certify that (I) (this haspital) attended the deceased from June 28, 19, 87, to July 4, 19, 87, that (I) (we) lot low the deceased alive an July 4, 19, 87, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did, nat) view the Body after death.  22e. PHYSICIAN'S NAME (TYPE OR PRINT)  PETER W. YIM M.D.  22e. ADDRESS 7900 OLD BRANCH AVE.SUITE 101  CLINTON, MARYLAND 20735  23e. BURIAL, CREMATION, REMOVAL 23b. DATE  23e. NAME OF CEMETERY OR CREMATORY 23d LOCATION	١	-							
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P.M.   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY   21d. INJURY OCCURRED   21d. INJ		8				Y YEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
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PETER W.YIM M.D.    226 ADDRESS 7900 OLD BRANCH AVE.SUITE 101				Two 3	200			XXEDICAL STAFF	
PETER W.YIM M.D.  CLINTON, MARYLAND 20735  236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION			224. PHYSICIAN'S NAME (TYPE	OR PRINT)					E.SUITE 101
236 BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION			PETER W.Y	IM M.D					
							EMETERY OR CREMATORY	236 LOCATION	

24 FUNERAL DIRECTOR Annapolis, Md. 21401 WILLTAM REESE & SONS MORTUARY, P.A. (VRA 15, 4)

MOSES CEMETERY

Drury A.A. Maryland 250. JUL 10 1987 Aula Dender Land

DHMH - 16 60M 7/84

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(VR A15 ME (5))

To making a straight for the

STATE OF MARYLAND

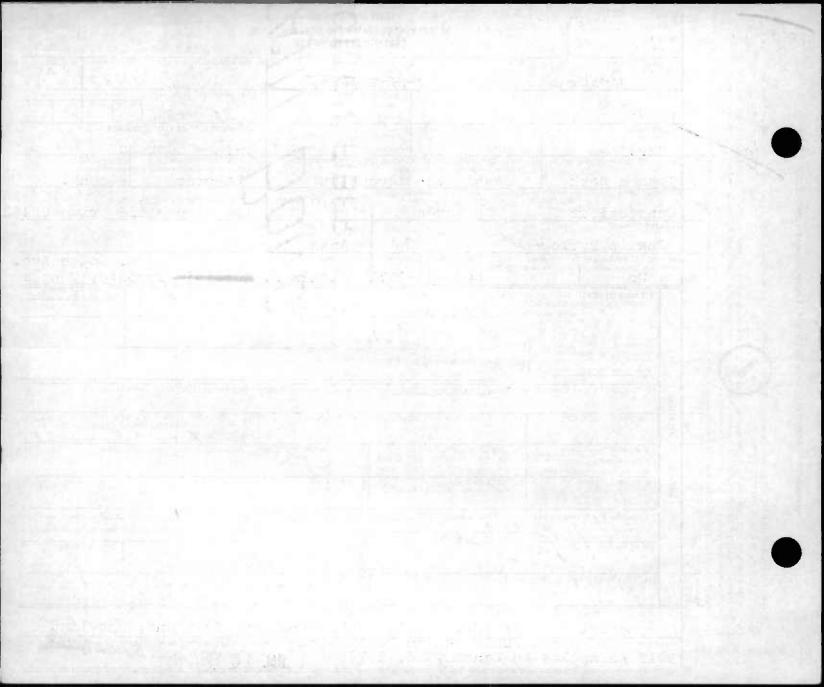
7 4 AUG -	/		CI	TOF HEALTH AND MENTAL HERTIFICATE OF DEATH	REG. NO.	3 3 /
death death	1. DECEASED NAME	LILLIE 4. RACE	В.	PRICE DATE OF BIRTH	20. DATE OF DEATH MONTH  0  6. AGE (IN YEARS LAST BIRTHDAY)	7 25 87 8:45PM
11	Female	Blac	k	01 10 1895	02	MONTHS DATS HOURS MIN
100	South Car		W	ARRIED NEVER MARRIED DOWED DIVORCED	PRINCE GEOR	GES COUNTY MD.
74	CHEVERLY	PRINC	OCH FACILITY, GIVE STREET ADDRESSED H	OSPITAL CENTER	120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF WORK) HOUSEWITE	NG LIFE) 126 KIND OF BUSINESS OR INDUSTRY
35	Maryland	136 COUPE	Forrestvi		13e STREET ADDRESS / ZIP C 1784 forrest	Park Dr./20747
60	Arthur	WIDDLE	Cunningham	Cora	MIDDLE	Brown
1	160 WAS DECEASED EV	ER IN U.S. ARMED FORCES!	579 64 498		Thomas/1784 For	estville, Md est Park Dr.
any injury, or other traum	Canditions, if a gave rise to cause (a), ste underlying co	immediate patring the DUE TO. use lost (c).	CONTRIBUTING TO DEAT	myora	200 AUTOPSY? 20b. +	N GIVEN IN PART 110  F YES, WERE FINDINGS USED
Annual Hygiens	710. ACCIDENT WAS OR CONTRIBUTING (	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY P.M.	YEAR 19	YES NO URRED (ENTER NATURE OF INJURY IN ITER	PERTIFYING CAUSES OF DEATH? YES NO
/	21d INJURY OCC	URRED 21e PLAC	E OF INJURY STREET FACTORY OFFICE FARM.	211 LOCATION STREET	CITY OR TOWN	COUNTY STAIF
PORTANT: if hem 21 is miss	22a.l certify that	(1) (this hospital) attended	Tatter death.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	medical STAFF DIRECTOR PHYSICIAN C	TATESIGNED
3+	23a BURIAL, CREMATIC	N, REMOVAL THE DATE 3 Aug		e of cemetery or cremator ston National	CITY OF TOWN	COUNTY STATE Ar1 VA
60M 7/84 5, 4)	J.B. Tenkir	s FH/7474 Lai	ndover Rd/La	ndover, Md	1.	GISTRAR'S SIGNATURE

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059	714	щ	d:	STATE PER FH SB	030 8-10-87		HEALTH AND MENTAL HYGI FICATE OF DEATH	IENE REG. N	. 1 3	38	
./	. m.e	- 41		CEASED NAME FIRST	WIDDLE	0.1	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HO	UR
15	oge dept			Krokop	Pytlowany	PY+5	Lowany		9 11		:06 M
	4 mp		3 SE	( )	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTH		ER 24 MRS
	age of a			WI	W	7	18 05		-S YRS		
	2. 30 0	27		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF D	EATH	
	1011	4		lkraine	USA	WIDOW		Prince (	eorges		MD.
/	五十五	21		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACIL	ITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATI	F WORKING LIFE) IN	KIND OF BUSIN	JESS OR
21201	n by	2		IKOMA Park		ngton Adv		Laborei	2 .	Unk.	a dia
0 2	Iled il	1	130. 5	TATE 136 COUN	NTY 13c. C	CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		. 7	1111
Ž.	hin should should be shoul	-		nnecticut		Devon	YES XX NO   15 MOTHER'S MAIDEN NAM	186 Rive	ercliff	Drive	0646
AR	plete nd 2	504	6174	FIRST	WIDDLE	LAST	FIRST	WIDDIE		LAST	
mi S	coted Com s l o	0		Sustin Pytlow  VAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO.	Anna Stec		ss 69 W.	Todas	7.550
BALTIMOR	and	Pedic	. (	res, no or unknown) (if yes, giv	E WAR OR DATES)	44-24-337	Melanie P.				
ALTI	e be	E C	-	18 CAUSE OF DEATH (Enter or			7	. 17	401011	APPROXIMATE INT	
	the state of	, and		PART I. DEATH WAS CAUSE	DBY.	seksova	ascular H	Acciden	1.	BETWEEN ONSET AN	ID DEATH
N S	guide of the	9		IMMEDIA		CONSEQUENCE OF	1				
PRESTON	feort ferr	Dame.		Canditians, if any, which	(b)	Embo	lus.				
	N		30	gave rise to immediate cause (a), stating the	DUE TO OR AS A	CONSEQUENCE OF		A TOTAL OF	C	4.71	
*		0		underlying cause last	(c)						
RECORDS, 201 W		0 X	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN	PART Ita	
ORD	1 1 1	-	CERTIFICATION								
REC	d to a	0	FICA	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	20e AUTOPSY?		RE FINDINGS USI CAUSES OF DEA	
TAL	A TO A TO A	0	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJU	IDV	21c. HOW INJURY OCCURR	YES NO	YES _	NO	
OF V	AT THE	9	0 1	OR CONTRIBUTING CAUSE OF DE	HOUR A.M.		PIL HOW INJOH! OCCOR	ED (ENTER NATURE OF INJUI	IT IN ITEM IS PART I C	R PART 2)	
N N	TSK Find		)ic	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF IN	19	211. LOCATION				
DIVISION	THE PARTY	9	MEDI	WHILE NOT WHILE		CTORY, OFFICE, FARM ETC.)	STREET	CITY OR TO	WN C	OUNTY	STATE
5	A A B G G G G G G G G G G G G G G G G G	HOL		22a.1 certify that (I) (this haspi	tal) attended the deci	nared from 7:	4. 1007	- 7.1	L . 10 S	7 1 1	( -) (
	EF San	6		saw the deceased alive an	7-11-	195/3	and that in (my) (aur) apinion d	leath accurred an the de	ate and hour and		(we) last
	A LE PAR	-		2% SIGNATURE / Cold and	ti view the body offer	decith,	DEGREE			22c DATE SIGNED	
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			91	1		M.D ATTENDING PHYSICIAN ID	MEDICAL STAI	F	1	
	TAN TO SEE SEE	3		274 PHYSICIAN'S NAME THE	waynes 0		22e ADDRESS 24 50	- 7	de Re	rad	
	HOS Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Sinud Si	5		M-4050	F		Langel!	MD1. 20	707		
,	01 2413	4		URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	236 LOCATION			
	BP			Burial	7/14/8	7 Cedar	Hill Cemete	ery Suit	land, M	äryland	d'ATE
9960	HMH (16 60M 7	7/84	24 FL	INERAL DIRECTOR Rend	on/Hale	Lanham Fu	n'I Home 250. DATE	REC'D. BY REGISTRAR	256. REGISTRANS	SIGNATURE	Kell
111	(VRA 15, 4)		90	13 Annapolis	Rd Lanha	am, Md. 2	0706	1 4 1987	Guita Harre		



# STATE OF MARYLAND

EPARTMENT	OF HEALTH	AND A	MENTAL	HYGIENE
CE	RTIFICAT	E OF D	EATH	8

30-87 ATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 / REG. NO. 1 3 3 9								
T. DECEASED NAME FIRST MAPPE	Janette	RABBITT	20 DATE OF DEATH MONTH	24 87 4 A A					
Finale	White	DATE OF BIRTH	6 AGE (IN YEARS LAST BIR HDAY)						
Vasilifiation are or foreign 76 D.C. 43A	7// (- 1	MARRIED NEVER MARRIED !	BALTIMORE CITY OR COU	e Georges ME					
HARVIIK, MD	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD		170 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK) Retired Sec	126. KIND OF BUSINESS OR FEDERAL GOV't.					
UAL RESIDENCE (IF NURSING HOME OR OT	136 CITY OR TOWN	1 DCL YES NO [	4805 45th Sti	ceet, N.W. 20016					
Jöhn ME	Beech	15, MOTHER'S MAIDEN I	1-10-0-14	Unknown) ST					
160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES GIVE W 1577-5		Stephen K.	Ball (Nephew) Roc	14 Aspen Hill Rd. kville, Md. 20853					
IB CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	10.41	wive heart	Pailme	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 W					
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(c)	CE OF	enosclewi	10 900					
	NDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 110					
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES \( \text{NO} \)					
	216 TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I ORPARI 2)					
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  216 INJURY OCCURRED  WHILE NOT WHILE AL WORK AL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARA	A ETC 1 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
27s.1 certify that (I) (the saw the decreased alive on obove, (I) (m) (did not)	See 3 87	2 and mor in (my) ( popini	on death accurred on the date and	hour and from the couses stated					

should be detached for use as IMPORTANT: If Hem 21 is

- 16 80M 7/84 (VRA 15, 4)

7/27/87

23¢ NAME OF CEMETERY OR CREMATORY Gate of Heaven Cemetery

916 19th St. N.W. Washington, D. C. 20006 y C'Silver Spring, Maryland Ale

1331 Rockville Pike, Rockville, Md. 20852

James J. Foster, M.D.

230 BURIAL, CREMATION, REMOVAL

Burial

DIRECTOR PHYSICIAN

Twidson Pandallo

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## CTATE OF MADVIAND

SIMIL	or mount	MILES	
DEPARTMENT OF HEA	ALTH AND	MENTAL	HYGIENE
CEPTIFIC	ATE OF	DEATH	4.7

¥						STATE	OF MARYLAND					
160212	JUL 2	2.87	FOR		DEPARTA	MENT OF H	EALTH AND MENT	TAL HYGIE	NE		7 1	13
700212		216	STATE REGISTRAR			CERTIF	ICATE OF DEAT	TH	8 / REG. NO.	2 1	5 4	U
		I. DEC	EASED NAME FIRST	N	MODLE	L	AST	2	O. DATE OF DEATH MO	ONTH OAY	YEAR	2b. HOUR
e e e	100	(TYPE	Irma	Cone	vieve	Paff	ensperger	_	7-	17-87		A:55A M
noy be		3. SEX		4 RACE	ATEAE	S. DATE C	F BIRTH	6	AGE (IN YEARS LAST BIRTHO		_	IF UNDER 24 HRS
4 rg.	216		Female	Caucasi	an	MONTH	31	10	77	YRS	MS CAYS	HOURS MIN
Page direct	1-	7a. BIF	THPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	8		9	BALTIMORE CITY OR		DEATH	
deoth. I	6 /		w Jersey	U.S.A.		WIDOWE	NEVER MARK	CED	Prince Ge	eorge's	3	MD.
	8		Y OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSIN	IG HOME C	R OTHER INSTITUT	ION I	20. USUAL OCCUPATION	N 1:	2b. KIND OF	BUSINESS OR
The offer	难人			(IF NOT IN SUCI	HEACILITY, GIVE STREET	ADORESS)	pital Cen	ter	Housewife	/ORKING LIFE)	NDUSTRY A	
20 20 = 0	200	C.	INTON IL RESIDENCE (IF NURSING HOME ( TATE 136 COL	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	E AOMISSION)					20	7/.0
ND 212	-64		TATE 13b COU	INTY	Camp Sp	rings	136 INSIDE CITY &	IMITS?	6725 Edgeme	ere Dri	ive 20	748
rLAN thin 2 short	( )		ryland Princ	de George	Camp op	111160	15. MOTHER'S MA					
	( )	13.16	FIRST	MIDOLE	Price		Genev	rieve	MIDDLE	1	Morgan	1
mak.		14a \A	George VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	12 DISCOULANT		ADDRES	5		
MORE, e execu	medica	{Y	ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	577-22-7		Sue A. M	laher	68 Royal Dr West Warwic	k. Rhoc	de Isl	and
be be	0		No				1000 110 11					MATE INTERVAL
	event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST	only ane cause per SED BY:	Rosilia, (b), as	AT .	annat				BETWEEN	NSEI AND DEATH
certificertific replacements	6 6		IMMED!	ATE CAUSE (a)			000000		2			
ON ST.	, or nativ			DUE TO, O	S ACONSEQU	ENCE OF	tic Cerel	rovor	ocular bis	eval		
death affendinave con	rour	11	Canditians, if ony, which gave rise to immediate	(b)	COCCO COCCO			0				
the the	I, cremation, ar ather traumatic		cause (a), stating the underlying cause last.	DUE TO: 9	A CONSEGU	790	tructive	Lus	sculor Dis	e		
on w	or of		underlying coose loss.	(c1_							DART M	
	3 6	z	PARS OTHER SIGNIFICANT	CONDITIONS CO	TO SOL	DEATH	willing	LON ,	Bruchel	LION GIVEN I	IN PART I(a	
or sen s	y inju	CERTIFICATION	IN DATE OF OPERATION	the Hear	a Cite	OPERATIO	N WAS PERFORME	ED.		20b. IF YES, WI	ERE FINDIN	GS USED
low respectively.	s ony ii	FIG.	IN DATE OF OPERATION	THE CONTRACT	IIILAN PLAN WHILE	OFERAISO	on transcription			IN CERTIFYING	G CAUSES	
1		E	210. ACCIDENT WAS UNDERLYING	21b. TIME O	NE INTUIDY		121, HOW IN ILIR	YOCCURRE	YES NO O			110 []
( F )			OR CONTRIBUTING CAUSE OF	L- 110110 A	M. MONTH D		The riow is son	T OCCOMILE	(critical control of c			
ON THE STATE OF TH	11/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		M. OF INJURY	19	21f LOCATION					
SI	4 4	WED	21d INJURY OCCURRED		REET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TOWN		COUNTY	STATE
DIV ING ING Affer osti	alth am marked		AT WORK - AT WORK				4/8	o 87	7717	10	87	h . (0) ( l )
DIV ENDING of or at OR. After	Health is marl		27s I certify that (I) (	- 1		87	11.1		eath occurred on the dat			that (I) (aut) last
T I d St	2 of		saw the deceased alive above, (I) [col [did] [did]		after death.	0.1.		opinion de	edili occorred on the dat	e and naor an		
OR ho	If Hem		THE SIGNATURE,		0 11	-	DEGREE	NDING	DICAL STAFF		22c. DATE S	SIGNED
AL Al deto	IT: H	13	Dolle Co	mang	my m	1	PHY		DIRECTOR PHYSICI		7/1	7/87
HOSPITAL ined by th FUNERAL	TAN TAN		224 PHYSICIAN'S NAME (TYP	E OR PRINT)	0		22e ADDRESS					
	with the State		R. A. McCo	nnaughy,	M.D.		5618 St	. Barr	nabas Road	Oxon H	i111,	MD.
of of of oh	3 3	23a. (	BURIAL, CREMATION, REMOV	AL 23b. DATE			CEMETERY OR CRE		23d. LOCATION		UNTY .	STATE
BP		(	Burial	7/21/	87 Re	surre	ction Cem	etery	Clintor	n P.G.	Mar	yland yland
DHMH - 16 2	5M	24 F	UNERAL DIRECTOR		400616	0 0x0	Hill Rd	250 DATE	REC'D. BY REGISTRAR 2	Sh. REGISTRAP	E'S SIGNATI	URE
	(4) ) 9/74	Ge	orge P. Kalas	Funeral	Home Ox	on Hi	11, Md.	JOOT	40 1987 4	Line Mais	July 18	Sein To
		Luc	OTDO TA MOTOR									

Reginstern Angel The section of the se

Released

060889 JUL 28187 STATE REGISTRAR

ofter death

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2 1	3	1
Con		

		EASED NAME	FIRST	٨	MIDDLE	L/	V21		20. DATE OF DEAT	H MONTH	DAY YEAR	2b HOUR		
	(TYPE	OR PRINT)	FRE	D W	VILLIAM	F	RAINES		JULY	21	1987	2:55P M		
	3. SEX	(	-	4 RACE					6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
		Male		white		MONTH 8		YEAR 2	84	YRS	MONTHS DAYS	HOURS MIN.		
-		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8.	NEVER MARR	IED 1	9. BALTIMORE CIT	Y OR COUN	TY OF DEATH			
5	,	Maryland		USA MARRIE WIDOWE				43	Prince George's MD.					
15	10. CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		R OTHER INSTITUT	ION	12a USUAL OCCU			F BUSINESS OR		
5	I	Lanham		Doctors	Hospit	al of	Pr. Geo.	Co.	plumber		priva	te		
1	USU A 13a. S	AL RESIDENCE (IF NURS	13b. COUN		GIVE RESIDENCE BEFORE		13d INSIDE CITY LI	IMITS?	13e STREET ADDRE	SS / ZIP CO	DE	1.5		
2	Md		Princ	e George	College		YES X NO		7301 Rad	cliffe	Dr. 207	40		
A	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAI	IDENNAM	AE MIDD	LE	LAS	ī		
×		John	661	J.	Raines		Emma			ol •	Shackel	ford		
1		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT			DRESS				
		0.0	WINTT 1218-20-2/90 Wiola B. Bro						ming same as #13					
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY.  MAMABULATE CAUSED SEPTICE Shock & Mehbulicau												MATE INTERVAL ONSET AND DEATH		
		PART I. DEATH WAS CAUSED BY.  PART I. DEATH WAS CAUSED BY.  JAMMEDIATE CAUSE (a) Septic Shock Mehbulcau dor F.												
-		Canditions, if ony, which (b) Incarcinated large Inglinal ternia												
		Cover size to immediate												
-		couse (o), statii	ng the	DUE TO: OF	AS A CONSEQUE	NCS PT	100	2000	no trans	Ance	1			
		couse tool, stoting the underlying cause lost.  PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVENIN PAN LOCAL FROM D. Save 2 Left; Le hem: pleggia 3 Type bases												
	7/	ART OTHER SIG	VIFICANT	ONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR	ONDITION	IVEN IN PAN	elf temu		
	NOT (							(1)		1		sicting		
7	ICAT!	190. DATE OF OPERA	TION	196. CONDI	ITION FOR WHICH	OPERATION	WAS PERFORME	0	700 AUTOPSY?		res, were findin Tifying causes			
1	CERTIFIC			2 111 71115 0			In the same of the	<	YES NO		YES 🗌	NO 🗌		
3		21a. ACCIDENT WAS UN	_	21b. TIME O HOUR A.	M. MONTH DA	YEAR	216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY INJURA 18, PART 1 OR PART 2)							
	ICAL	(IF EITHER NOTIFY MEDI				19								
	MEDI	21d INJURY OCCUR		2 Te. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET		CITY	OR TOWN	COUNTY	STATE		
7		AT WORK AT WO	IRK -							21	0			
		220.1 certify that (1) saw the deceas		71.	e deceased fram_ 21 19 (	17	19	2		211	. 19 7 .	that     (we)-last		
5		abave, (1) (we) +	did (did na	t) view the bady	after death.		d that in (my) (our)	apinian a	eoin occurred an i	ne date and n				
		22b. SIGNATURE	ILL	Wi	1	UD'	DEGREE	DING	MEDICAL	STAFF	221 DATE	LI LA 7		
-	3	22d. PHYSICIAN'S N	1115	-			PHYS 22e ADDRESS	ICIAN Z	DIRECTOR   PH	YSICIAN [		,		
		SHRINI	A -		DAPE		60051	1AND	OVER. RD	CHE	VERLY	1. MD.		
	20 0					115 0.5 0.						20781		
	23a B	urial, cremation, specify) Burial	REMOVAL	7/24/8			emetery or crem rans Ceme		Che Teen	ham Pr	ince Geo	rge Md		
								250. DAT	bitio 69 addies					
4	Don	ineral director a.LdmeV. Bot	gward	lt 4400	Powder Mi	175Rd		230. DAI	OF Such	387 9	STRAPPSIGNAL	"Kandalla		
				Delts	ATT16 V.	-, 0)								

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and camplete should be detached for use as the burial-transit permit. Then please remove tarbonpopers. Pages I and 2 with the State Dept of Health and Mental Hygiene prior to burial, cremotian, ar remayal.

IMPORTANT: If the manked or Item 18 shows any injury, or other troumotic event, the medical

gn signed by the ottending physicion and completely filled in by the funeral director, page 3. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death and burial, cremation, or removal.

injury, or other traumatic event, the

death. Page 4

within 24 hours after

deoth certificate be

O HOSPITAL OR ATTENDING PHYSICIAN

retained by the hospital ar attending

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR, after this certifice should be detached for use as the burial-trackwith the State Dept. of Health and Mental Hy IMPORTANT: If them 21 is marked or them 18:

FOR

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

2 | 3 A 2

7	REGISTRAR			0	" REG. N	0.					
T	DECEASED NAME FIRST	WIDDLE	LA	31	20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR			
Г	FANNI	E	RA	MSEY		06-3	0-87	1:20PMm			
3	SEX	4 RACE	5. DATE OF	BIRTH	6. AGE JIN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS			
	FEMALE	13 LA C/	3	-6-1906	81	YRS					
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY	R COUNTY	OF DEATH	Mal Land			
6	reenway ). C.	USA	WIDOWED		PRINCE G	EORGE!	S	MD.			
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND O	F BUSINESS OR			
L	CHEVERLY		E'S HOSPI	TAL CENTER	RETIR	ED		1/4			
	SUAL RESIDENCE HE NURSING HOME OF		TOWN	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS	ZIP COOP	THAM	DOVEL M.D			
1	MOIF	5 LAN	DOVER	YES NO	16817 FO	rrest	TERR	ACE			
14	FATHER'S NAME	MIDDLE (AS	1 11	IS MOTHER'S MAIDEN NA	WE		0 - (4)	1 1			
1	WHIT	<u>Ca</u>	WIRDRIT	Mamie	ADDR	c c	car	mpDell_			
10		RMED FORCES? 166. SOCIAL VE WAR OR DATES)	YAUA LAD	MINEORMANT	ADDRI	- 1		1			
-	// 0	G P	10/4 00/1	ELLA A	ALL 6	>1	· Independ				
	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for (o), (to D BY:	ond ici.)				BETWEEN	ONSET AND DEATH			
	IMMEDIA	TE CAUSE (a)	RUK	5			-				
		DUE TO, OR AS A CONS	EOUENCE OF								
Г	Conditions, if ony, which gove rise to immediate	(lp)									
г	couse (a), stoling the	couse (a), stoling the DUETO, OR AS A CONSEQUENCE OF underlying couse lost									
		(c)					1				
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART TO				
	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?						
NOLE OF THE PARTY					YES T NOT	IN CERTIFY					
1	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURE							
	On continuous Court of the		DAY YEAR								
TA CHOOM	21d. INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION	CITY OR TO	Whi	COUNTY	27472			
1	WHILE NOT WHILE AT WORK	JAT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	ZIMEE!	CITORIO		COOM	STATE			
	22a.l certify that (I) (this hasp	ital) attended the deceased f	rom 6 - 2	3- 1987	10.6:20	47	9	that (I) (we) last			
I	sow the deceased alive on	n ot) view the body ofter death.	.19, onc	that in (my) (our) apinion	deoth occurred on the d	ate and hour	ond from the	couses stated			
	22b. SIGNATURE	ny view the Body offer deoffi.	D	EGREE		74 LEE	22c DATE	SIGNED			
ı	mostry	soli, M	1.0	ATTENDING PHYSICIAN	MEDICAL STA		7-1	-87			
1	224 PHYSICIAN'S NAME LYPE	OR PRINT)	2	22e ADDRESS			1,				
	MOSHXE	771. N	1,0	PRINCE	GEORGE	Ho:	SPITA	1			
23	BUBIAL, CREMATION REMOVAL	DATE OF	234 NAME OF CE	METERY OR CREMATORY	238 LOGISTON	1		200			
6	Sun	1-6-01	Har	mont	dand	000	W,	MX			
24	FUNERAL DIRECTOR	400	9655	Class DAT	E REC'D. BY REGISTRAR	256 REGISTE	RAR'S SIGNAT	OUNTY STATE  . that (II (we) lost from the causes stated 22c DATE SIGNED 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8 7-1-8			
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Hadring D. James Made D. Jakes Takes

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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				REGISTRAR				CEKIT	ICAIE OF	DEATH &	RE	G. NO.		
0.0	20.0	9 nn		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
DI	0 3 3 3	2 JUL	42		MAry		F.	Ril	oaldi	(D) (E)		01	1481	900 M
	r. pc	J Fe	3. SE.			4. RACE		5. DATE C		· · · VFAR -	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	ge 4	2/0	1	Temale		Cauca	sian	MONTH	2 **	1906	81	YRS		
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	eoth	6	- V	lew York	: City	USA		WIDOWE		ONORCED	Prince	e Geor	ge's	MD.
	e fu	- 18A	10. C	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER IN	STITUTION	12a. USUAL OCCI			F BUSINESS OR
5	s of	S JE	1	Laurel			ontpeli		. 20	0708	Homema:			ome
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	Thou in	must be	13a. S	AL RESIDENCE (IF NOTATE Md .	13b COUN	1TY	130. CITY OR TOW	'N	13d. INSIDE	CITY LIMITS?	13e STREET ADDR			. 2070
₹IA	1 3	1 Pent	14. FA	THER'S NAME					15. MOTHER	S MAIDEN NA	ME		TOT DI	2010
MAR	y be	660		Anthony	r	WIDDLE	Filipp	0	Ca	rmela	MIC	DLE	Lope	onde
RE,	recut	8 2 3		VAS DECEASED EV		MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORM	ANT	-	DDRESS	170	
¥	n ar	E K		no			577-84	-3635	Carme	ela R.	Landin	i sam	e as 1:	3e
SALT	ote &	聖皇生人	1	18 CAUSE OF DE	ATH (Enter on	ly one couse pe	line for (a), (b), an			1 1				MATE INTERVAL ONSET AND DEATH
-	phy	of the last		PART I. DE ATH	I WAS CAUSE		KE	PICI	47012	Y HTL	NEST		30.4	
N N	h ce	or or or	ľ	1371		DUE TO, O	R AS A COMSEOU	ENCE OF	[n'		1 1-	0		MO
EST	deat	non,	8	Conditions, if o		( (b)_	CET	LBK	OVA	SCULIA	1 ACC	1 VEN	1	10/0
<u>e</u>	the the	e de la como		gave rise to couse (a), sta		DUE TO, O	R AS A CONSEQU	NCE OF						
_	that by	r oth		underlying co	use lost.	( (c)								
RDS, 20	equires n signed	Then ple to burio injury, a	NO	PART 2. OTHER S	IGNIFICANT	RON N	ARY	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR		IVEN IN PART II	a,
Ö	bee bee	Prio on	CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY		ES, WERE FINDIN	
2	he le on.	5 5 6 5 E	1 E								YES NO	_	YES	NO 🗌
<u> </u>	Z. Z.	The Es	1 2	210 ACCIDENT WAS			OF INJURY	AV VEAD	21c HOW I	INJURY OCCUR	RED (ENTER NATURE C	OF INJURY IN ITEM I	PART ( OR PART 2)	
Ö	ICIA g pl	Men I	18	OR CONTRIBUTING	_	ALTH	м.	19						
o o	PHYSICIA ending ph	A S P	MEDICAL	21d INJURY OCC			OF INJURY	ARM FIC 1	211 LOCAT		CITY	ORTOWN	COUNTY	STATE
<u> </u>	office of the	os is orke	2	AT WORK AT	WHILE WORK							1	- 0-	
	7 0 X	s mo		220 I certify that				5		19_ 67		114		tha (1) (we) lost
-	TTE spito	かったり		sow the dece	eosed plive on	view the body	ofter death/	87 , or	nd that in my	(our) opinion	death occurred on	the date and h	our and from the	couses stated
	DR POIRE	ten Her	+	226. SIGNATURE	400	1	0 10111	MI	PERFEE	ATTENDANCE	Lucas	CYAFF	22c. DATE	SIGNED
	AL C	ote C		1	7/4	746	e eun	11000	1)	7	MEDICAL P	STAFF HYSICIAN		
	d by	TAN TAN		22d. PHYSICIAN'S	NAME (TIPE O	compton,	MD		220 ADDRE	Cherry	Ln. Lau	rel MD	20707	
	O HOSP etained &	should be with the 3		GLEGOI	.y A. C	mipull,	ri.D.		0317	CICLLY	mi. Lau	LCI, III	20101	
	Dia Di	\$ 3 ≥	23a. E	BURIAL, CREMATIO	N, REMOVAL					CREMATORY	23d. LOCATION		COUNTY	STATE
	BP			SPECIF Buria		7/17			ncoln	Cem.	Bren		P.G	Md.
	DHMH - 16	6 60M 7/B4		UNERAL DIRECTOR	76	01 San	dy Spri	ng Ro	d.	250 DAI	E RECO. BY REGIS	TRAR 256 REGI	STRAR SEIGNAT	UREdate

DHMH - 16 60M 7/B4 (VRA 15, 4)

Fleck Funeral Home, Inc. Laurel, Md.

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	The Contract of Assert Applications (177)	0.
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	Production of the second secon	
		100

FOR - STATE

3. SEX Male

ECEASED NAME (TYPE OR PRINT)

Virginia

Lanham

14 FATHER'S NAME

(YES, NO OR UNKNOWN)

James

130. STATE

CERTIFICATION

O. BIRTHPLACE (STATE OF FOREIGN

CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTE

6g. WAS DECEASED EVER IN U.S. ARMED FORCES

Conditions, if ony, which

18 CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY

1136/COUNTY

MIDDLE

HEYES, GIVE WAR OR DATES

IMMEDIATE CAUSE (o)\_

PAUL MONROE 4. RACE

Blac.

US A II. NAME C

(IF NOT IN! AMI Do

76. CITIZEN C

STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIE  CERTIFICATE OF DEATH	ENE REG. NO	1344	
MIDDLE LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR	1
RICHARDSON	July 19, 1	987 9:4	5a M
3.0	6. AGE (IN YEARS LAST BIRTH		
k 10 05	82	YRS HOURS	MIN,
F WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DWORCED	Prince Ge		MD.
	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF  Retired		SOR
Seabrook, Md 13d. Inside city Limits?	13e.STREET ADDRESS / 9706 Locu	7 -70	6
ichardson   15. MOTHER'S MAIDEN NAMI	WIDDIE	Richardson	
7 166. SOCIAL SECURITY NO. 17 INFORMANT 579-14-7529 Mrs. Doris	Richardson	ss /wife/same as 13	e
per line for (a), (b) and (c) and t		APPROXIMATE INTER- BETWEEN ONSET AND D	EATH
OR AS A CONSEQUENCE OF Ca Coly Du	ny	1.43.	
OR AS A CONSEQUENCE OF Celh Vos de Aus	ent	Sym	
CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR COND	ITION GIVEN IN PART 1 0	
IDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES IT NO IT	

gove rise to immediate couse (a), stating the underlying couse lost.	due to, or as a consequence of cell to the fe	cont	242
PART 2 OTHER SIGNIFICANT CO	inditions contributing to peath but not related to the ter	minal disease or con	DITION GIVEN IN PART 1 0
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	16. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

22a.1 certify that (I) (this hospital) attended the deceased from sow the deceosed olive on obove, (I) (we) (did) (did not) view the body ofter deoth. and that in (my) (seed opinion death occurred on the date and hour and from the causes stated

22b. SIGNALLIES DEGREE 22 DATESIGNED MO ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING

22e ADDRESS 5 NAME (TYPE OF PRINT) c. Meshe

230 BURIAL CREMATION REMOVAL (SPECIFY) Burial 23c NAME OF CEMETERY OR CREMATORY 236. DATE 7-23-87 Ft. Lincoln

23d. LOCATION CITY OR TOWN Brentwood, Md.

STATE

John Rhines Co.,3015 12th St. N.E.,D.C. 20017 JUL 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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ST	ATE	OF	MARYLAND	

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REG NO.	0	Blood	-
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061167 JUL	29	OF CR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGII ICATE OF DEATH	ENE REG.NO.	4 5
death. Page 4 may be uneral director, page 3 ha 72 hours after death at ence	3 SE:	Female	ELIZABETI  RACE  White b. CITIZEN OF WHAT COUN  U.S.A.	S. DATE CO MONTH STRY? 8.	prever married	20 DATE OF DEATH MONTH DAY  6 AGE IN YEARS LAST BIRTHDAY)  YRS.  9 BALTIMORE CITY OR COUNTY O	UNDER I YEAR FUNDER 24 HRS. STHS DAYS HOURS MIN.
in by the funde filed within	10. CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NI  (IENOT IN SUCH FACILITY, GIVE  OTHER INSTITUTION GIVE RESIDENCE	STREET ADDRESS)  M.C.  BEFORE ADMISSION)	HOSPITAL	PRINCO COLOYGE 170 USUAL OCCUPATION 11YEED WORK FOR MOST OF WORKING (HE) HOMEMAKEY	176 KIND OF BUSINESS OR INDUSTRY OWN HOME
MARYLAND : thin 24 h thin 2 should 2 should the morning musi	M	aryland   136 COUNT Aryland   Pr. ( THER'S NAME FRIST Edward	Geo's Upper Marib	oro	13d INSIDE CITY LIMITS? YES \( \text{NO} \) NO \( \text{NO} \)  15. MOTHER'S MAIDEN NAM FIRST  Della	MODIE MO	reland
AALTIMORE, Icate be executed to paper. Fager boxel.		NO  18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane couse per line for (a), (l) BY:	SECURITY NO.	Warren Edward	9801 Marl d Richardson- Upp	boro Pike, er Marlboro, Md APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH
or w. PRESTON ST		Canditions, if any, which gave rise ta immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS (c)	SEQUENCE OF SEQUENCE OF	ARRHYI	temorrhage	
The law require can. The law require can. The law see signs in permit Then p ginns prins to but then p do but then p can whow any reluty.	CERTIFICATION	19a Date of Operation	196 CONDITION FOR W		n was performed	YES NO YES	VERE FINDINGS USED NG CAUSES OF DEATH? NO []
DIVISION OF VIT	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT  IF EITHER, NOTIFY MEDICAL EXAMINER)  21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, O	19	211 LOCATION SIREET	ED (ENTER NATURE OF INJURY IN ITEM 18 PART	COUNTY STATE
to exattendo the bospitol or Describer of toched for use of best of Head		220.1 certify that (1) (this haspite saw the deceased alive an abave, (1) (we) (did) (did not) 27b. SIGNATURE	7-17.	(-)	PEGREE	eath occurred an the date and hour o	nd from the causes stated  22c DATE SIGNED
TO HOSPITA retoined by TO FUNERA should be de with the Stol	73a. E	27d PHYSICIAN'S NAME TYPE OR	PRINT)  123b. DATE	23c NAME OF C	22e ADDRESS  SINGE	RATTI RO	Moiniss
BP		Burial	7/21/87		ny Cemetery	Forestville(Pr.	Geo's) Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

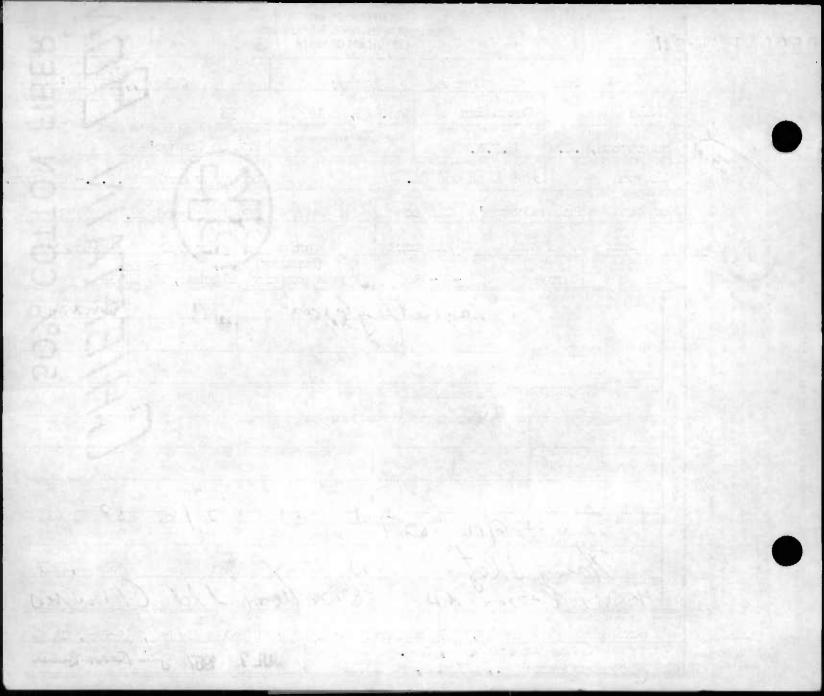
Richard A. Coleman Funeral Home

Upper∞Marlboro, Md. 20772

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

		EASED NAME FIR	251	MIDDLE	Į.	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
eoth eoth	TYPE	JC	ohn	Charles	Ri	chter		July	6.1987	10:37am
ou ob	3 SE	(		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	HHDAY)	IF INDER YEAR	IF UNDER 24 HRS
ar A		Male		Caucasian	Jan.	26, DAY 1932	55	YRS.	MONTH! DAYS	HOURS MIN
2 11 4	7a BI	RTHPLACE (STATE OR FOREIC	GN	76 CITIZEN OF WHAT COUNTRY?	8	XX NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
TO A		shington, D.C		U.S.A.	WIDOWE	D DIVORCED	Prince Ge			MD.
1100	Clinton  11. Name of Hospital, Nursing Home or other instituction insuch facility gives treet address)  5609 Eastwood Ct.				r other institution	120. USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE) (179E OF WORK FOR MOST OF WORK FOR W				
filled in	13a S	TATE 113b	COUN	other institution give residence before. ITY BEGEORGE S Clint	1	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 5609 East	ZIP CODE	Ct. 20	0735
1 ( ) ( )	14. FA	THER'S NAME Elmer		Paul Richt	er	15 MOTHER'S MAIDEN NA FIRST  Martha	ME MIDDLE Virg	inia	M-i	tchell
( ) ( ) ( ) ( )	16a V	AS DECEASED EVER IN U				17 INFORMA (brothe				cherr
medic	.0	ES NO OR UNKNOWN) [IF		E WAR OR DATES)		Joseph Richt				
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phy npo mov		PART I. DEATH WAS C		ECAUSE (0) Lance Co	Of Lu	y Caran			214	c 72/15
ding orbo	Jac	114/14	KLDIAI	DUE TO, OR AS A CONSEQUE	ICE OF					
ttene ttene ve ce ion,		Conditions, if ony, whi	ich	DUE TO, OR AS A CONSEQUE	ACE OF					
he d emo moti		gove rise to immedia	ote	DUE TO OD AS A CONSTOUR	165.05	A 10 A 10 A 10 A		-		
by to Sser I, cre		underlying couse lo		DUE TO, OR AS A CONSEQUE	ACE OF				1	
ned plec		PART 2 OTHER SIGNIFIC	ANTO	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	/FN IN PART 1	0
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off orke		AT WORK AT WORK			A	1		10	62	
NDI or use deal		22s. I certify that (I) (this			3/47	1957		0	190/	that (b) (we) lost
Sprite CTO J for of II			did no	I view the body after death.		d that in (my) (our) opinion	deoth occurred on the d	ote and hou		
OR John Checkhol		226 SIGNATUL		1114	,	DEGREE	AMEDICAL STA	cc	22c DATE	
AL I AL I deto ote [ ote [		Non	we	1 Kohen	1	200 ATTENDING	MEDICAL STA		July	8,1987
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5 5 5 4 3 3	23a B	URIAL, CREMATION, REM	OVAL			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
BP		Burial		July 10,1987 Na				nurch,	Fairfax	, VA
DHMH - 16 60M 7/B4	24 FL	NERAL DIRECTOR L	ee :	Funeral Home	c.	25a DA1	REC'D. BY REGISTRAR	256. REGIS	RAR'S SIGNAT	
(VRA 15, 46633	01	d Alexander	Fer	ry Rd., Clinton,	MD 2	0735	OF 1 1981	0	- Characted	· Cerames
										P



DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MONTH

2.		3	4	
60	1	0		
 4 1 100				

26 HOUR

126 KIND OF BUSINESS OR INDUSTRY Self Employed

	Horace		ace Cli	Clifford Rok		bertson, Sr.		J	July 30, 198			37 2:3	
	3. SE	(	4 RACE		S. DATE C			6. AGE IN YEA	RS LAST BIRTHDAY)	IF UN	DERIYEAR	IF UNDER 2	_
	М	ale	White		Octo	ber 30,	1928	58	Y	RS SIONIE	DAYS	HOURS	MIM
4		RTHPLACE (STATE OR FOREIG	GN 78. CITIZEN OF	WHAT COUNTRY?	8	D NEVED A	ADDIED []	9 BALTIMORI	CITY OR COL	JNTY OF D	EATH		
5		irginia	U.S.A.		WIDOWE	DI NEVER MA	ORCED X	Princ	e Georg	e's C	Count	V	Λ
5	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME C			12a USUAL O	CCUPATION	12	b KIND O	F BUSINES	SO
	L	aurel		y Court,		-		Painte	OR MOST OF WORK			mplo	ye
1	13a S		COUNTY	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Cottage	V	13d INSIDE CIT	Y LIMITS?		odress / zip (		#607	2072	22
Z	14 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S			MIDDLE				
0		William	MIDDLE	Roberts	on	Eti	hel		WIDDLE		Loor	ey	
1			J.S. ARMED FORCES? YES. GIVE WAR OR DATES)	577-34-3		Theres			AD806 K				
-		18 CAUSE OF DEATH IE				Theres	A KUD	er tsuri	Laure	31, 1010		MATE INTERV	AI
		Canditians, if ony, wh gove rise to immedia cause (a), stating	DUE TO, OI  cich (b) (b) (cc) (cc) (cc)	R AS A CONSEQUE	NCE OF	Pius Not related t				4 GIVEN IN	N PART 11c		
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOP		IF YES, WE ERTIFYING YES			1?
9	MEDICAL CER	?1a ACCIDENT WAS UNDERLY. OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE)	E OF DEATH HOUR A.	M. MONTH DA M.	Y YEAR			RED (ENTER NATU	RE OF INJURY IN ITE	M IS PART I	ORPART 2)		
	MED	216 INJURY OCCURRED  216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)  217 LOCATION STREET  CITY OR TOWN COUNTY STAT									ATE		
		22n 1 certify that (I) ithin saw proposed of about 10 feet and a	16 Ju	after death.	5		our) opinion s	feath occurred	in the date on	havi and		ayses stat	e) lo ed
1	A	2011	Dessy			Pt	TENDING P	MEDICAL DIRECTOR	STAFF PHYSICIAN [		7/	30/2	7
1		Thomas A	Pancingo	MD		77* ADDRESS	voon.	ay Cent	or Dr	#20=	dra	onha	1+
1		i Hollias A.	Bensinger	, 141.1.		1525 G	eenwa	ay Cent	el Di.	# 405	, ore	enne	11

23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

Burial

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

07/31/87

236 DATE

P.G. Fort Lincoln Cemetery **Brentwood** Maryland 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

AUG 3

23d LOCATION

Greenbelt, Md.

injury, or other troublights event, the

IMPORTANT: If them 21 is morked or them 18 shaws ony

24. FUNERAL DIRECTOR

Beall Funeral Home

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	1	- E	63
REG. NO.	i	0	

Rd. 250. DATE REC'D. BY REGISTRAP 756 REGISTRAL DELL.

FOR STATE REGISTRAR	DEP		ICATE OF DEATH	GIENE REG. N	1 3	4	8
1 DECEASED NAME FIRS	MIDDLE .	1	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
Will	dam Earl	Rober	tson	17/JULY	19	787	230 AM
3. SEX	4 RACE	5. DATE C	OF BIRTH 5,-30-15	6 AGE (IN YEARS LAST BIR	THDAY) IF U	INDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
Male	Caucasian	MONTH	20 15	72	YRS.	INS DATS	HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
Washington D.	C. USA	WIDOWE		Prince Ge	eorges		MD
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE:		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ON OF WORKING LIFE)	INDUSTRY	F BUSINESS OR
Cheverly	Prince George		al Hospital	Retired co	ntracto	r Ele	ectric
13a. STATE 13b	ome or other institution, give residence County 13t. CITY or Ce Georges Bowi	TOWN	13d. INSIDE CITY LIMITS? YES XX NO	13. STREET ADDRESS		3	20715
14. FATHER'S NAME FIRST	MIDDLE LAS	ī	15. MOTHER'S MAIDEN NA	WE		LAST	ī
Howard	L. Robertso	n	Anna	В.	Schwe:	ider	
160 WAS DECEASED EVER IN U.	YES, GIVE WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRI	ESS		
yes	WW II 216-1	.0-6186	Joan M. Raga	an i	same as	13e	
18 CAUSE OF DEATH (En	ter only one cause per line for (a), (b	b), and ic)					MATE INTERVAL ONSET AND DEATH
	EDIATE CAUSE (a)	AC AMRE	2.5/			10M	inutes
Conditions, if any, whi	DUE TO, OR AS A CONS	EQUENCE OF	CARDIO MYOPAT	THY			
gave rise to immedia couse (a), stating t underlying cause la	te DUE TO OBAS A CONS	EQUENCE OF	TELY DISEES				
	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM		DITION GIVEN	IN PART 110	
& WRONIS	- DASMUCTIVE	CING	- DISEASE				
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYB	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W		
RTIF				YES NO	YES [		NO 🗌
OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
(IF EITHER NOTIFY MEDICAL EX.	21e. PLACE OF INJURY		21f LOCATION	CVV 00.10		COUNTY	STATE
WHILE NOT WHILE E	AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
	hospital) attended the deceased for	( )	147 1987		7 19.		that [] (we) last
	ve on the body after death.		nd that in (my) (our) opinion	death accurred on the d	ate and have an		
22b. SIGNATURE	Melwat	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		3/J	29 1987
224. PHYSICIAN'S NAME			22e ADDRESS 7590	Hanover	Pkuy	#10:	3
1 / ICHABO	SCHWANTE		Greense	It, MD 2	0770	,	
23a BURIAL, CREMATION, REMO			EMETERY OR CREMATORY	23d LOCATION	e e	OUNTY	STATE
(SPECIFY) Rurial	Aug. 3 1087	R+ T.4	incoln Cemeter	ry Brentwo	Marra M	haely	2/1016

16000 Annapolis Bowie, Maryland

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	1			STATE OF MARYLAND		
JUL	1	FOR - STATE REGISTRAR		MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	B REG. NO.	3 4 9
X		ECEASED NAME FIRST MINO	R L.	ROBINSON	2a. DATE OF DEATH MONTH	02-87 F:10PM
^	3. SE	× M Male	* RACE White	5. DATE OF BIRTH  MONTH DAY YEAR  7 11 (8		
27		tatesville NC	76. CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWEE DIVORCED	1 DOLNICE CEUB	
24	10 C	ITY OR TOWN OF DEATH CHEVERLY	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION ITYPE DE WORK EOR HOST OF WORKER Cab Driver	IZE KIND OF BUSINESS OR INDISTRY  Transportati
15	13a. 5	Maryland Pr ATHER'S NAME Rudolph Ro	Geo Capitol	13d. INSIDE CITY LIMITS   Htsa YES   NO	13. STREET ADDRESS / 7IP CO 500 Larchmo	ODE
medico		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV (OS WWII	WE WAR OR DATES) 166 SOCIAL SEC		ADDRESS	7052 Hanover P. #C-2 Greenbelt
3 shows any injury, ar ather traumatic event,	CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU  (b) RENA  (b) RENA  (b) RENA  (c) DIABET  CONDITIONS CONTRIBUTING TO  (c) CONDITION FOR WHICH  (c) TO YELL  (c	JENCE OF FAILURE  JENCE OF FAILURE  JENCE OF ATHERD SE  DEATH BUT NOT RELATED TO THE TO  PSIS:  H OPERATION WAS PERFORMED  VASCULAR DIS  TILL HOW INJURY OCC.	POSSIBLE SI -VASCULAR LEROTIC CARDIO ERMINAL DISEASE OR CONDITION	GIVEN IN PART 110.  YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?  YES NO NO
s marked or Item 18	MEDICAL		P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, wital) attended the deceased fram.	19   21f. LOCATION   STREET   21f. LOCATION   19	CITY OR TOWN	COUNTY STATE
MPORTANT: If Item 21	4	saw the deceased alive an abave, (1) (we) (did) (did not the SIGNATURE  27d PHYSICIAN'S NAME (TYPE OF THE SIGNATURE)	ot   view the body after death.	DEGREE ATTENDIN	G MEDICAL STAFF N DIRECTOR PHYSICIAN D  25- GREEN WI	222. DATE SIGNED
₹ <b>/-</b> - \7/84		BURIAL CREMATION, REMOVAL SPECIFY) BURIAL UNERAL DIRECTOR NAMERODERT E	6July1987 M	NAME OF CEMETERY OR CREMATO aryland Vetera	ns Chetteriam DATE REC'D. BY REGISTER 156 REC	PG STATE
)		Funeral H	- 1	tland, Md.	JUL 8 1987 Au	lia Divider . Kondala

DHMH - 16 60M 7/84 (VRA 15, 4)

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH 1

2	1	3	5	6
REG. NO.				

	REGISTRAR				•••••		(75)	1	REG. NO	Ö.				
	DECEASED NAME	FIRST	A	AIDDLE	i	AST		20. DATE C	F DE ATH	MONTH	DAY	YE AR	26 HOL	UR
-	THE OR PRINT)	JOE	GI	LENN	ROG	ERS			J	ULY	29	87	9:1	7A M
3. 9	SEX		4 RACE		S. DATE C			6. AGE (IN	YEARS LAST BIR	THOAY)	IF UNG	ER I YEAR	# UNDER	R 24 HRS
1	Male	100	Caucasi	Lan	Allons	t 24.	1924	62		YRS.	MONTHS	DATS	HOURS	MIN.
70.	BIRTHPLACE (STATE OR	FOREIGN	TO CITIZEN OF	WHAT COUNTE	DY2 R		R MARRIED		ORE CITY O		Y OF DE	EATH		
11	0klahoma		USA		WIDOWE		DIVORCED [	Prin	ice Ge	orges	CO1	untv		MD
10 A	CITY OR TOWN OF DE	ATH	11. NAME OF H	OSPITAL, NUR		OR OTHER IN	ISTITUTION	120 USUAL	OCCUPATION FOR MOST O	ON	12b	KINDO	F BUSIN	ESS OR
F	orce Base	1	Malcom	Grow				Capti				arine	e Co	rns
US 130	UAL RESIDENCE (IF NUR	1136 COUN	OTHER INSTITUTION.	GIVE RESIDENCE BE		1 13d INSIDE	CITY LIMITS?		ADDRESS /	7 TIP COL		CKG	CAT	CI
) F;	lorida			Pensaco	-	YES X	NO 🗌	3385	Shann			325	04	
Y	FATHER'S NAME	_	Aldore	LAST		15. MOTHE	R'S MAIDEN NA	WE	MIDDLE			LAST		
P	Clinton Le	ster	Rogers	LAS!			Stella	Turner				LASI		
	WAS DECEASED EVER			166 SOCIAL SE	ECURITY NO.	17 INFOR	MANT			5 <sup>s</sup> Sha	nnor	n P1	ace.	
) :	Yes	WW I		515-07-	-4765	Eliza	beth J.	Roger					325	04
	18 CAUSE OF DEA	TH (Enter anl	y ane couse per	line far (a), (b),	, and (c).)							APPROXI	WATE INTE	RVAL
	PART 1. DEATH V	VAS CAUSED	DV		TORY FA	ILURE								
		IMMEDIATI			0.151105.05									
	Conditions, if any	subjeb	DUE TO, OF	AS A CONSECUTION A	NCY (IIN	KNOWN	PRIMARY	7)						
	gove rise to im	mediate	(b)	MIDIOINI.	1.01 (01.	12010.121	2 212223212	/						
	underlying cous		DUE TO, OF	R AS A CONSEC	QUENCE OF									
			(c)											
z	PART 2 OTHER SIG	NIFICANTC	ONDITIONS <u>CC</u>	NTRIBUTING 1	TO DEATH BUT	NOT RELAT	ED TO THE TERM	AINAL DISEA	SE OR CON	DITIONG	VEN IN	PART 110	1	
CATION	190 DATE OF OPERA	TION	IN COND	TION FORWIN	ICH OPERATIO	NI MAR DED	2011120	20 4117	OBSV2	201 15 15	C W/CD	C CINID III	1001105	
FICA	140 DATE OF OPERA	TION	IND. CONDI	TION FOR WHI	ICH OPERATIO	N WAS PER	FORMED	200 AUT	OPSY	IN CERT	IFYING	E FINDIN CAUSES	OF DEA	TH?
GRT						Tax		YES [	NO		ES [		NO [	
12	OR CONTRIBUTING		21b. TIME O	M. MONTH	DAY YEAR	216 HOW	INJURY OCCUR	RED (ENTERN	IATURE OF INJUR	RY IN ITEM 18	PART I OR	(PART 2)		
MEDICAL	(IF EITHER NOTIFY MED	ICAL EXAMINER)		Μ.	19	100.55								
ED I	214 INJURY OCCUR	RED	21e PLACE (	OF INJURY EET, FACTORY, OFFR	CE FARM FIC I	211 LOCA			CITY OR TO	WN	co	VINU		STATE
≥	AT WORK NOT W	HILE DRK												
	220.1 certify that (I					July	, 19 87		29 Jul	_	19 3		that (D)	
	saw the decea	ed ofive on	28 Jul	ofter death	9 <u>87</u> , ar	nd that in (m	(aur) apinian	death accurr	ed on the do	ate and ha	ur and l	rom the c	ouses sto	ated
	226. SIGNATURE	and rivid and riving	1 -0	1 1		DEGREE					22	c. DATE S	SIGNED	
	11	Dens	200	10611	all		ATTENDING PHYSICIAN	MEDICAL	STAF		12	297	0.	07
	22d. PHYSICIAN'S N	AME trees	rend	-		22e ADDR					1-	-04	7	-/-
	DAVID E	HOLC	K. MD			MAT.C	OLM GROV	JUSAF	MEDCE	N AA	FB.M	D 20	331	
23a	BURIAL, CREMATION		236 DATE	2	3c. NAME OF C		R CREMATORY	23d LOC	ATION					
	(SPECIFY) Burial		Aug. 3.						Y OR TOWN		COUN		.5	STATE
24	FUNERAL DIRECTOR		nug. J.	130/15	arringr	on Nai	ional C	ERECID BY	PI GOSTRARI	75h PEGIS	TRAR'S	SIGNIATI	URE .	
	NAME	G			l N. Fa		Dr. 250 AU	04	1901	Julia	Den	der.	Kanda	ملد
1	Anni I dan make a se Ti		77	A T d d	A 17-	.,,,,,,	1.7							

22202

DHMH - 16 60M 7/84 (VRA 15, 4)

Arlington Funeral Home Arlington, Va.

MPORTANT: If Item 21 is marked ar Item 18 shaws

	A Property			10 C- 601
		As dinagnises	Cavearing	
	Frince Goor			amie L/L
Ser Ina Compa	ลง ปฏิกั		orea months'	Yorce Base
Abest V.st	- 3325 Shannon	X ELo	397J I	Malroll
.conti pomma	ranger willed		games a	idend mountain
	ist . Recent Penson	1-4765 18112	D-CR II	W no.

Burial August Val. 3, 1987 Aslington National Com. Arlington, Virginia
3901 W. Fairfax Dr. Aug 4 1887 A. 22 August Arlington, Va. 22202

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 3

1893 M	61-	FOR FEOTIRAR	DE		CATE OF DEATH	REG. NO.	351
1110	I. DE	CEASED NAME FRST	Ruth	lary Rom	ST Romanelli	DATE OF DEATH MONTH	BL 1987 1 HOUSE
o object	1.58	emale	Caucasia	5 DATE O	F BIRTH  DAY  1 SAR  1	AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN
no 73 hour		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED WIDOWE	NEVER MARRIED DO DIVORCED D	BALTIMORE CITY OR CO	
The state of the s	3	grontown of DEATH	11. NAME OF HOSPITAL, NIF NOT IN SUCH FACILITY, GIV		TOTHER INSTITUTION AV	TYPE OF WORK POIL MOST OF WORK	TO THE KIND OF BUSINESS OR KIND OF BUSINESS OR THOUSERY
tilled in California	USU 11	AL RESIDENCE, (15 NURSING HOME OF	NTY CONTROL 13, STY O		13d. INSIDE CITY LIMITS?	3. STREET ADDRESS	Costavas Av
2000	14. F	ATHERS NAME	MIDDLE 14	41	15. MOTHER'S MAIDEN NAM	MIDDLE	Holgate
Poges 1		WAS DECEASED EVER IN U.S. AR YES, NO OF UNIMOWN)		SECURITY NO.	Husbane	1 11813	3, Crestwood
been requires that the been requires that their palos to bursal, crems any injury, or other t	ICATION	gave rise to immediate cause ion, stoling the underlying couse last.  PART 2 OTHER SIGNIFICANT COURT OF DATE OF OPERATION	(c)	IG TO DEATH BUT	NOT RELATED TO THE TERMIN	20n AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
CLAN The k a physician entilicate has all moment per alkal Hygierte ent 18 thems.	AL CERTIF	21st ACCOUNT WAS UNDERLOOM ON COMPRISHENCE CAUGHOUSE (HT THE MODER MEDICAL EXAMPLE)		H YEAR	21c HOW INJURY OCCURRE	YES NOTE	CERTIFYING CAUSES OF DEATH? YES NO SEM 18, PART 1 OR PART 2)
attendan attendan at the bur and Me	MEDIC	WHILE CHOT WHILE	210 PLACE OF INJURY (AT HOME, STREET, FACTORY	OSSICE, FXIIM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
IL DIRECTOR, AL DIRECTOR, AL DIRECTOR, AL PROCEDITOR OF The DIRECTOR OF THE DIRECTOR OF THE DIRECTOR OF THE DIRECTOR OF THE DIRECTOR OF THE DI		22e I certify that (I) (bis hosping to be on about 1) reason take on about 1) well did hid no	of the body after death.	19 <del>\$</del> , on	d that ((my) (our) opinion de	enth occurred on the dote on  MEDICAL STAFF DIRECTOR   PHYSICIAN [	nd hour and from the causes stated
HOSPITAL SING by II FUNERAL Solid lie der in the Store	1	22d. PHYSICIAN'S NAME ITYPEO	GRACE	MI	22. ADDRESS Clinto	1 /4/	0 20735
A 4 0 2 5 2 4	_			23c. NAME OF CI			

completely filled in by the funeral director, page of ond 2 shauld be filed within 72 hours ofter dea

FOR

STATE

REGISTRAE

Charles S. Zeiler & Son Inc. 6224 Eastern Ave. JUL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9	1.7	In.	
2 1	0	C	6
REG. NO.			

		WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	CEASED NAME FIRST	,		Tale Division of Deliving		
(TAPE	Maria	Lenore	Rosa	July 3, 1987		10:15
3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 H
F	Female	White	March 3, 1888	00		HOURS
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 1	O BALTIMORE CITY OR COLL		
	Portugal	USA	MARRIED NEVER MARRIED	Prince Co		
	ITY OR TOWN OF DEATH		WIDOWED DIVORCED		12b KIND OF	BUSINESS
Изт	vattsville	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WORKIN		
		Sacred Hear	t Home, Inc.	Dressmaker .		
	STATE Md. 136 COU			11111	Ave. 2122	4
14. FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	LAST	
7	Manuel Brunda		Maria	Lobo deRosa		
	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC		ADDRESS	1.00 6 0 6	1224
	(YES, NO ORUNKNOWN) (IF YES, GI	029-05-	0908 Rev. Edwa	nd Rosa C.Ss.R. G	420 C. Prax	tt St.
	18 CAUSE OF DEATH (Enter o	inly ane cause per line for (b), a	and (s.)		APPROXIM BETWEEN ON	ATE INTERVAL
	PART I. DEATH WAS CAUS	ED BY:	cho-preumsin	· Voini	5-6	1.
						The same of
	DYDVIED IO		/	1	100	1
		DUE TO, OR AS A SONSEO	/		V	
	Conditions, if ony, which		/	general	Y	
	Conditions, if ony, which gave rise to immediate cause (a), stating the		HENCE OF 1	general of the	YEU	21
	Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A SONNEO	HENCE OF 1	cart Disease	Yea	24
7	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	HENCE OF 1	TERMINAL DISEASE OR CONDITION	GIYEN IN PART TIO	124
TION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A SONSEON  (b) SUPERIOR OR AS CONSTONE  CONDITIONS CONTRIBUTING TO  CONDITIONS CONTRIBUTING TO	UENCE OF 1  UENCE OF 1  DEATH BUT NOT RELATED TO THE	En chroning	drances as	22
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the prishould be detached for use as the burial-transit permit. Then please removerith the State Dept. of Health and Mental Hygiene prior to burial, cremative

retained by the haspital or ottending physicion.

BP.

21010 ide to the same of · ... 1889 TO JUL WE SEED SEED OF THE SEED OF 1889

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 2a DATE KNOWN **ERVIN** ROSE (N.M.I.) DEATH MATED 4 RACE 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male Cau. Aug. 15, 1922 Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR BALTIMORE CITY OR MARRIED NEVER MARRIED Prince George's U.S.A. Ohio O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS D.C. Teachers Professor 5802 Annapolis Road Bladensburg College 13d. INSIDE CITY LIMITS? 5802 Annapolis Rd. #707 20710 Maryland P.G. Bladensburg 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Gold Annie Hyman Rose 166 SOCIAL SECURITY NO 17 INFORMANT ADDI90 Monroe St. #805 Sarah Heltzer (Sister)Rockville, Md. 20850 W.W.II Yes-Army 288-14-4843 18 CAUSE OF DEATH (Enter only one cause perlyne for (a), (b), and (c). PART I DEATH WAS CAUSED BY enspelledus Catalistosos Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOXX YES TO THE CHOULD BE ARTMENT OF TO BE BE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OF TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an Inspection PAGE 4 SHOULD TO FUNERAL DIRECTOR AFTER DEATH, WITH THE RAITIMORE, MARYLA death resulted from Natural causes Accident Hamicide \_\_\_\_ Undetermined manner July 16, 87 EXAMINER'S NAME 5009 Rayburn Ct., Camp Springs, Md Augusto P. Rodriguez

23c NAME OF CEMETERY OR CREMATORY

FRANCISTOASCH'S SONS FUNERAL HOME, P. A. 250. DATE REC'D. BY REGISTRAR

Maryland Veteran's Cem. Cheltenham

23d. LOCATION

Julia Divideon Pandage

230. BURIAL, CREMATION, REMOVAL 236 DATE

Burial

**DHMH - 17** 

(VR A15 ME (5))

07/20/87

4739 Baltimore Ave., Hyattsville, Maryland

#### ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR ASED NAME 20 DATE KNOWN X MONTH Jorge Antonio Salqueiro DEATH MATED 6. AGE (IN YEARS IF UNDER TYR. LIFTUNDER 24 HRS 4 RACE DATE LAST BIRTHDAY) PRONOUNCED Nov. 19, 1916 White 70 DEAD 19 8 To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRYS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Bolivian Bolivia Prince George's County DIVORCED IL CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING (IFE) Architect 4431 Underwood Street Artists University Park ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Prince George's University Parkyes & No - 4431 Underwood Street Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Salgueiro Juan Rosa Echeverria 166 SOCIAL SECURITY NO. 7 INFORMANT ADDRESS 401 Rollings Ave. Seat Pleasant Md. Maria Hille-Salgueiro 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Chronic kidney disease. IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the under-PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of None 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? None YES NO X ILD BE FORWARDED TO THE CI-DIRECTOR: PAGE 3 SHOULD BE I WITH THE STATE DEPARTMENT ( VARYLAND, 21201 PRIOR TO BUT 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN STATE WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 226. I certify that I took charge of the remains described above, held an Autopsy Natural causes death resulted from TITLE (SPECIFY ACTUAL 7/13/87 Deputy 1919 Seminary Road Silver Spring, Montgomery County, MD EXAMINER'S NAME (TYPE OR PRINT) John S. Rogers, M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY

Chambers

Crematory

7/14/87

W.W.Chambers Co. Inc. Riverdale

Cremation

**DHMH** - 17

(VR A15 ME (5))

STATE OF MARYLAND

Riverdale

250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE

Md.

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(VR A15 ME (5))

060580 JUL 2487

07/20/87 Francis Gasch's Sons Funeral Home, P.A.

4739 Baltimore Ave. Hyattsville, MD 20781

230 BURIAL, CREMATION, REMOVAL 236 DATE

Burial

23c. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

23d LOCATION Brentwood

Prince Geo MD

Prince George's

DATE 7-17-87

7-17 1987

Insurance

BETWEEN ONSET AND DEAT

20 AUTOPSY? YES -

NO T

Hampton

2d HOUR

7:00A

Julia Dandor



FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

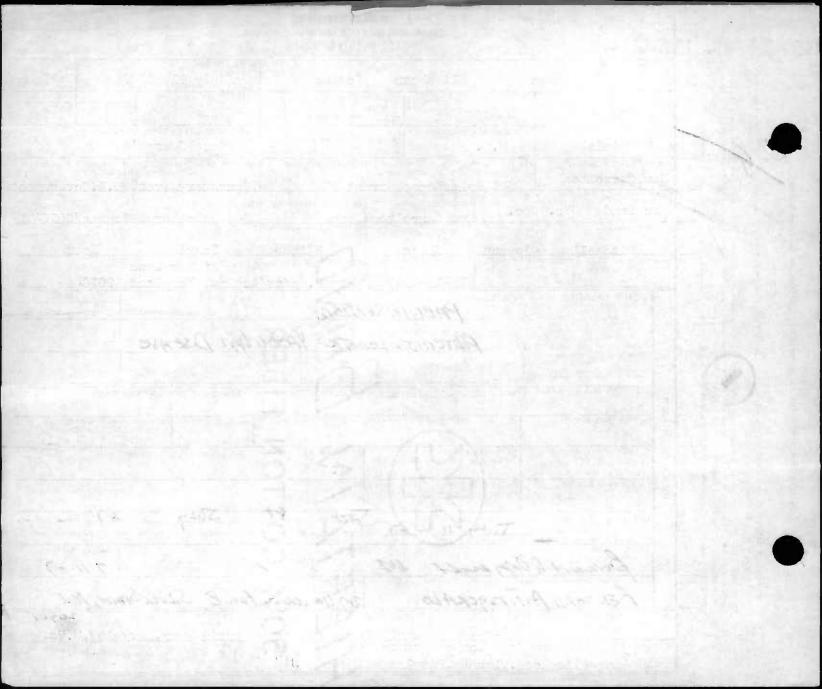
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0	11	- STATE REGISTRAR			CERTIFICATE OF DEATH & REG. NO.								
		CEASED NAME FIRST Odess		Elizabet	th	Scales	2a. D.	July 1	1, 19	87	YEAR	7:45	
	3. SE	× Female	4. RACE White		June	DAY YEAR	6 AG	E LIN YEARS LAST BI	RTHDAY)	IF UNDER	DAYS	IF UNDER	24 HRS MIN.
3	(	RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	- 1	rince G	OR COUNT		ATH		MD.
)	Ne	ew Carrolton	8504 O	elethorne	ADDRESS)	DR OTHER INSTITUTION	(TYPE	SUAL OCCUPAT OF WORK FOR MOST PCTETATY	OF WORKING L	IFE) IND	JSTRY	verr	
)	Ma	AL RESIDENCE (IF NURSING HOME OF ATTE 136 COULT Pr. )	ROTHER INSTITUTION	Sive RESIDENCE BEFORE 131. CITY OR TOW New Carro	ADMISSION)	134 INSIDE CITY LIMITS: YES NO [	850	TREET ADDRESS	horpe	Str	eet/	2078	34
5		FIRST	Clayton	Shade		FIRST  Edith  IT INFORMANT		Pearl	ESS _		Kee		
	- {	YES NOOR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	578-10-41		Mary S.Bodo		06 Timbe		d 2	0706	AATE INTER	
	rion	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OI	R AS A CONSEQUE	NCE OF						ART 110	,	
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YE	AUTOPSY?	IN CERTI	S, WERE FYING C ES []	AUSES	GS USED OF DEAT	H?
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		270.1 certify that (I) (this hosp sow the deceosed alive or above, (I) (we) (did) (did or	Tuh	9 11 19		id that in (my) (aur) apinio	, to	occurred on the c	lote and ho			100	ve) lest
1		Demand h	: Toppe	rell	MS	DEGREE ATTENDING PHYSICIAN		OICAL STA		226	7-11	-F)	
/		BERNARD /	7. 71729	eralo		219 UNIVERSA	-	unE, S	iLven.	Sper	51	14	
	(	BURIAL, CREMATION, REMOVAL	7-15-8	7 Nev	w New	emetery or Cremator	ery Ma						TATE
		UNERAL DIRECTOR Rendon 13 Annapolis Re		ADDRESS		Home 250 D	JUL REC'I	1 4 1987	25h REGIS	TRARES	ENATI	Plade	, elst

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

O FUNERAL DIRECTOR



161067

FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

351

Jul	00	REGISTRAR				CERTIF	ICATE OF DEATH	/ P	EG. NO.		
JUL 1	TOE		FIRST		MIDDLE	i	AST	20. DATE OF DE		DAY YEAR	2b. HOUR
		ERNEST			Call Half III	SC	ENA			5-87	12.53
	3 SE		1	4 RACE		5. DATE C		6. AGE (IN YEARS	AST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	Male				ite	Feb	2 1º921 YEAR	66	YRS		
19		RTHPLACE (STATE OR FOR OWN YORK	EIGN		WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9. BALTIMORE C	_		
24				USA		WIDOWE				ges Co	
6	(	ITY OR TOWN OF DEATH Clinton		South	ern Mar	lan	d Hospital	120 USUALOCO (TYPE OF WORK FOR Opera	most of working E	176 KIND C INDUSTRY NG HOS	spital
5	13°M		Pr (	THER INSTITUTION	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Suitlar	N _	13d. INSIDE CITY LIMITS?	13e STREET ADD 5038	RESS / ZIP COR Silver	Hill (	746 Court
10	14. FA	Anthony		MIDDLE	Scena		Vitori		DDLE	Pale	
Traffico /		VAS DECEASED EVER IN	U.S. AR	MED FORCES? EWAR OR DATES)	166. SOCIAL SECUI		James Jenk		Autumn	Port, Dr E.N	New Yo: North
4		18 CAUSE OF DEATH (	Enter on	y one couse per	line for (a), (b), and	l (c).1	۸.	1 0/-	1	APPROX	MATE INTERVAL ONSET AND DEATH
even				E CAUSE (o)	endi	9 (Br	Musham	Hare	11-		
notic				DUE TO,	R AS A CONSEQUE	NEE OF	101 100	Calab	2001		
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ż		couse (a), stating		DUE TO O	RAS A CONSCOUE	NGELOF	internal	1 OK	0)		
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(uniu	Z O	TAKE CHIEK SIGINE	CAITIC	0140110143	SINTRIBUTING TO E	LAIII BUT	THE RELATED TO THE TEXA	MINAL DISEASE OF	CONDITION	(AFIA IIA LWK) III	
9	CERTIFICATION	190 DATE OF OPERATIO	N	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERT	ES, WERE FINDING CAUSES	OF DEATH?
0	CER	210. ACCIDENT WAS UNDERLOOP CONTRIBUTING CAU			FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
17	CAL	(IF EITHER NOTIFY MEDICAL		1117		19					
6 0	MEDICAL	21d. INJURY OCCURRED		21e PLACE (	OF INJURY	ARM, ETC ]	211 LOCATION STREET	Con	Y OR TOWN	COUNTY	STATE
orke	-	AT WORK NOT WHILE				1	59- 0	177	251	- 0	
E H		220-1 certify that (I) (the saw the deceased		11/	e-deceased from	20.	d that in (my) (our) opinion	2. to	2	. 19	that (I) (we) last
E 2		obove, (I) (we) (did	) (did no	view the body	ofter death.		DEGREE	dediti occurred on	the dore ond ho	22c. DATE	
2 2		III. SIGNATURE		- · of 1	2		ATTENDING PHYSICIAN	MEDICAL	STAFF	ZZC. DATE	2 C
2		22d PHYSICIAN'S NAM	E TTYPE O	R PRINT)			PHYSICIAN J	DIRECTOR   F	HYSICIAN		1100
OKT	77.	ABULHA	ISA	NU	ANSAR	1	092	6 W	SOAA	and y	Clap -
3/	73n F	SURIAL CREMATION RE	MOVAL				EMETERY OR CREMATORY	T734 IOCATIO	A /V	(d) , 0	9/36
		BURIAL, CREMATION, REI	·	29541	07		nd Veteran	chel	Eehham	COUNTMar	yland
7/84	24 FI	UNERAL DIRECTOR	rt :		elm Fune			TE REC'D. BY REGIS			
7/84		Suit	lan	d Mar	ylandress		JUL	28 1987	Julia	Turden R	della

DHMH - 16 60M 7/84 (VRA 15, 4)

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JUL 28 1987 ( Literary Pariste

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# STATE OF MARYLAND

PEPARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIENE	
CEI	RTI	FIC.	ATE	OF	DEATH	8	

5

		EASED NAME	FIRST	-	MIDDLE	į.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	(TYPE (	OR PRINT)	Alvin	Willi	am	Schin	ndler	July 21.	1987		5:07pm
1	3. SEX			4 RACE		5. DATE C	OF BIRTH	6 AGE LIN YEARS LAST BE	RTHDAY) IF L	INDER I YEAR	IF UNDER 24 HRS
	Ma	le		Caucas	sian	Jan	. 27, 1903 <sup>AR</sup>	84	YRS.	THS DATS	HOURS MIN.
d		THPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		DEATH	
4	lo	Na	100	U.S.A		WIDOWE	DI DIVORCED	Prince Ge	orge's		MD
ζ	10 CIT	Y OR TOWN OF DEA	ATH			G HOME C	R OTHER INSTITUTION	12a USUAL OCCUPAT	ION		F BUSINESS OR
4		Riverdale		Leland	Memoria	1		Professor	OF WORKING LIFE)	Univ.	of Md.
		L RESIDENCE (IF NURS					13d INSIDE CITY LIMITS?	7304 Hop	/ ZIP CODE	- 20	7110
7		ryland	Princ	e Geo.	College P	ark	YES X NO		CINS AV	2., 20	740
4		ederick	C	MIDDLE	chindler		Mary	MIDDLE	100	Schat	Z
	160 W	AS DECEASED EVER	IN U.S. AR		_	RITY NO.	17 INFORMANT	ADDR	ESS		
/	No	ES, NO OR UNKNOWN)	(IF YES GIV	E WAR OR DATES)	213-22-6	5738	Dora L. Scl	hindler, San	ne as Li	ne #13	3
		18 CAUSE OF DEAT	H (Enter on	ly one cause per	line far (a), (b), and	d ı c				BETWEEN	MATE INTERVAL DNSET AND DEATH
		PART I. DEATH W		D BY: E CAUSE (o)	CON	CYEST	ING HEBR	T PULL Y	RE		
				DUE TO. O	R AS A CONSEQUE	NCE OF			- N. D.	7	
		Conditions, if ony		( (b)			Day Da-	7 8My D.	SEAJE		
		gave rise to imi	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF					
		underlying couse	lost.	(10)		-					
	_	PART 2 OTHER SIGI	NIFICANTO	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TER		IDITION GIVEN	IN PART I	
	9			5041	< 170	EMA		-NDE		(ED)	
)	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W		
-	RTI	210 ACCIDENT WAS IN	H-	7 216 TIME O	E MILLIDY		121. HOW BILLIAN OCCU	YES NO	YES [		NO 🗌
1		OR CONTRIBUTING	_	110110 4	M. MONTH DA	YEAR	21¢ HOW INJURY OCCU	KKED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDI		21e PLACE		19	211 LOCATION				
	ME	WHILE   NOT WI		LAT HOME STE	REET, FACTORY, OFFICE, F.	ARM ETC )	STREET	CITY OR TO	OWN	COUNTY	STATE
1		22a 1 certify that (1)		tal) attended th	e deceased from	7	- 7 - 10 8	) 10 7. 2/	19	63	that (I) (we) last
	> 1	sow the deceas	ed olive on	7. 2	19.8	in Ca	d that in (my) (our) opiniar	n death occurred on the c			, , ,
		22b. SIGNATURE	ara) lehet na	t) view the body	ofter death.		DEGREE			22c. DATE	SIGNED
		*	CA	111		Wi	ATTENDING PHYSICIAN	MEDICAL STA		7/22/	87
1		22d. PHYSICIAN'S N.	AME (TYPE C	R PRINT)			22e ADDRESS			[-77	
		К. J.	Math	ew, M.D			6510 Kenilw	orth Ave.,	Riverdal	le, Md	20737
	15	URIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR LOWN		VIANO	. STATE
ı	Ci	remation		July 2	23, 1987	Metro	politan Crem	atory Alexa	andria,	Virgin	nia
	"FF	KANCISC	ASCH	'S SON	S FUNER	AL HO	OME, P.A 25a DA	2 8 1987	Julia Des	iden R	URE
i	47	39 Baltimo	ore A	ve., Hy	attsville,	Ma.	JUL	28 1987	4		4

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has bee should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene prio MPORTANT If Hem 21 is marked or Item 18 straws on

06057	7 3 JUL	FOR STATE	DEPARTM	STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 REG. NO. 2	1359
		I. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
. 0	deod	Beat	rice M. Schoen		July 16, 1987	B:20A A
m mo	fer	3. SEX	4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR		UNDER I YEAR IF UNDER 24 HRS
oge o	O LIS O	Female	Caucasian	Aug. 3, 1898	88 YRS	
4. A	2 ho	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	IF DEATH
deot	hin 7	Ireland	U.S.A.	WIDOWED DIVORCED	Prince Georges Co	
fter the f	3 584	ID CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING			126, KIND OF BUSINESS OR INDUSTRY
ors o	E CE T	Laurel		eltsville Hospital	Homemaker 6	Home
ND 21 24 hor	and be	130 STATE 136 COU		1 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / PIP CODE 2700 N.W. 99th Av	73055 ve. Apt 516A
MAKYLAND  MAKYLAND  ted within 24  ompletely filled	ond 2 sho	14 FATHER'S NAME Phillip	MIDDLE LAST Murphy	15. MOTHER'S MAIDEN NA	ME MIDDLE	(Unavailable)
xecul nd cc	dicol	160 WAS DECEASED EVER IN U.S. A	IVE WAR OR DATEST	(dad,		iant Terrace
be e	S. Po	No	103-05-8	193   Marjorie Mu	rray Burtonsvi	.11e, MD 2086
N SI., BALTIMORE, certificate be execut ing physicion and ac	rbonpoper or removal. tic event, the	PART I. DEATH WAS CAUS	TE CAUSE (0)CALDIO	LESPILATORY ACI	REST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON ST	BETTINGTONE	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b) CROSSOUE  (b) CROSSOUE  (c) (c)	201 ASCURAZ H	CODET	
					AINAL DISEASE OR CONDITION GIVEN	
The state of the s	Day in	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH		20a AUTOPSY? 20b IF YES, V	WERE FINDINGS USED
75 2	111/				YES NO THE YES	NG CAUSES OF DEATH?
CLAN, T p physics enthicen	of trans	00.00.00.00.00.00.00		Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
OIVISION OF VITAL RECORDS, NG PHYSICIAN. The low requir- untending physician.	and Me	OR CONTRIBUTING CAUSE OF D.  (IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOWN	COUNTY STATE
N N N	* 0 E		atal) attended the deceased from	7 7. 10 0	7 7.16 10	87 4-4 () ( 1

22b. SIGNATURE 224 PHYSICIAN'S NAME (TYPE OF PRINT) 230. BURIAL, CREMATION, REMOVAL Burial 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

CHEISTINE DE LINA

sow the deceased alive on 1.15.
above, (I) (we) (did not) view the body after death

14201

DEGREE

22e ADDRESS

PE Delle #100 Ungerso 810

220 DATE SIGNED

7. 16.87

23c NAME OF CEMETERY OR CREMATORY 19 July 87

Queen of Heaven Cemetery North Lauderdale, FL

Capitol Funeral Service, Falls Church, VA

, and that in (my) (and opinion death occurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

All the second second second december 135 talenten of the control of the contr 19 July 17 Ignocia of Heavy a Generalty Torto Landorda La Examples to be in the State

Av. dozud allas polyana lavenus il licely

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH GISTRAR 20. DATE KNOWN YEAR MONTH 2b HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED DATE OF BIRTH IF UNDER 24 HRS DATE MONTH DAY LAST BIRTHDAY PRONOUNCED HOURS DEAD 70. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION | TYPE OF WORK KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) AND 310 USUAL RESIDENCE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO 13a STATE 136 COUNT 13d INSIDE CLTY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST FIRST 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. **ADDRESS** (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SHOULD BE USED AS A BURIAL PARTMENT OF HEALTH AND ME RIOR TO BURIAL, CREMATION lying cause last PENDING PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a DATE OF OPERATION 19%, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? THE WORD NO C TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE PORWARDED TO THE C TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE AFTER.DEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARYLAND, 21201 PRIOR TO BE 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 9 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC ) STREET CITY OR TOWN STATE WHILE AT WORK NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinian Notural causes death resulted fram: Suicide Undetermined monner ACTUAL SIGNATURE XAMMER'S NAME (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION

07/84 25M

**DHMH - 17** 

BP.

(VR A15 ME (S))

REMOVAL 7-9-87

(SPECIFY)

24 FUNERAL DIRECTOR

ADDRESS

STATE ANATOMY BOARD BALTO

23c. NAME OF CEMETERY OR CREMATORY

MD

CITY OF TOWN

COUNTY

STATE

180, 22 test (14) Pet 18 14

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN Y 2ª DATE OF OR YOUR FILES.
ITHIN 72 HOURS
PRESTON STREET, Virginia Margaret Seitz DEATH MATED 4 RACE 3 SEX DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED July 16, 1902 84 DEAD 19 87 Female White 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OF MARRIED NEVER MARRIED Washington, D.C. United States WIDOWED X DIVORCED Prince George's County IR CITY OR TOWN OF DEATH Book Keeper True Motor 6108 Princess Garden Parkway Lanham 13g. STATE 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS 1136 COUNTY 13c CITY OR TOWN 6108 Princess Garden Parkway Prince George's Lanham 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Harlow Gertrude Henry Baldwin 16b. SOCIAL SECURITY NO 570-07-2805-A Charlotte Gragnani (sister) Linius Daylo 17 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN Univ. Park, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DED TO THE CHIEF MEDICAL EXAMINER ALONG W 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. DEPARTMENT OF HEATH AND MENTAL HYGIENE, D I PRIOR TO BURIAL, CREWATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ESTON ST IMMEDIATE CAUSE (o) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO -None 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: ROSS 3 SHOWN WITH THE STATE DEPARE BALLIMORE, MARYLAND 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC ) CITY OR TOWN COUNTY WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held on and in my opinion death resulted from Natural causes Undetermined manner TITLE (SPECIFY) 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD TYPE OR PRINT 230 BURIAL CREMATION, REMOVAL 236, DATE 234. NAME OF CEMETERY OR CREMATORY Burial Ft. Lincoln Cemetery Brentwood Prince Geo. MD 07:84 "Francis Casch's Sons Funeral Home, P.A. DHMH - 17 (VR A1S ME (5)) 4739 Baltimore Ave. Hyattsville, MD 20781

X				
7/3 87	seitz	Virginia	Marzaret	
7/3 67 4		, 1902 85	whise oun. lo	lenale
Frince seerge's County				
	l arkway	rincess Carden	6103 F	Lanham
106 Frincess Garden Farkwa	6	's Lanham	rrince George	haryl nd
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STATE OF MARYLAND										
DEPARTMENT	OF HE	ALTH ANI	MENTAL	HYGIENE						

-		FOR		D	EPARTMENT O	FHEALTI	H AND MENTA	AL HYGIENI	E		-	L L	
		STATE REGISTRAR		MED	ICAL EXAM	NER'S	CERTIFICATE	E OF DEA	TH	PEG. NO.	5	0 3	
		EASED NAME	E FIRST		MIDDLE		LAST	2	OF OF	NOWN X	MONTH	DAY YEAR	26 HOUR
			Sarah E	lizabeth F	ranklin S	hephe	erd		DEATH M		7/3	1987	M
	3 SEX		4 RACE	5. DATE OF BIRTH	YEAR LAST BIRT	YEARS IF UT	NDER I TH. III UN		RONOUNCE		MONTH	DAY YEAR	12:55
	Fe	male	White	May 30, 1	915   72	YRS.	DATS HOORS	S MIN. F	DEAD		7/3	1987	P. M
И		RTHPLACE (S'	TATE OR	76. CITIZEN OF WH.	AT COUNTRY?	8 MARR	NEVER MA	ARRIED [	BALTIMO	RE CITY OR	COUNTY	OF DEATH	
		labama		United St	ates	WIDOV	VED 🙀 DIV	ORCED	Prince	e Geor	ge's	County	MD
		TY OR TOWN		11. NAME OF HOSP	TITAL, NURSING HO		HER INSTITUTION	12a USU FOR M	AL OCCUPATION OF WORKIN		FWORK 12	OR INDUST	
1		yattsvi		3905 C	omma nder	Drive	ha rafahi		sonel		r U	S. In	
6	130 ST	laresidence larylan	136 COUNT	George's	E RESIDENCE BEFORE ADM 13 CITY OR TOWN Hyattsvi	4.	13d. INSIDE CITY LIMIT	- 0005	ET ADDRESS Comma	ander	Drive	207	72
		THER'S NAME		WIDDIE	LAST		15. MOTHER'S MA		MIDD		D1 111	LAST	
4	Jo	seph		WIDDLE	Franklin		Ruth		MIDU	ore.	Ga	rdner	
		AS DECEASE	DEVER IN U.S. ARM	AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT			AB3743		erville	Dr.
	No		(# 125, 6112		577-01-6	093	E. Allei	n Shep				lle. MD	
ı		18 CAUSE O	F DEATH (Enter only	y one couse per line f		- 1					_ ///	APPROXIMATE BETWEEN ONSE	
		PARTIDE	ATH WAS CAUSED	E CAUSE (o) ACI	ute myoca	rdial	disease.						
				DUE TO, OR A	AS A CONSEQUENC	E OF							
			ns, if ony, which se to immediate	(b)									
		couse (a)	stating the <u>under</u> use last.	DUE TO, OR A	AS A CONSEQUENC	E OF							
				(c)									
	7	PART 2 DTHER SI		ONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE T	ERMINAL DISEAS	SE DR CONDITION GIVEN I	IN PART 1 10					
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21	ICA		OPERATION	196. CONDITI	ION FOR WHICH OF	PERATION V	VAS PERFORMED?					20 AUTOPSY	
Ч	RTI		ONE AL CAUSE WAS	216 TIME OF	IN II IPV	121, 14	OW INTUING OCCU	IDDED -FAVERAL	- T-100 OF H-10101			YES 🗆	NO X
1	II CE	UNDERLYING	OR	HOUR A.M.	MONTH DAY YE		OW INJURY OCCU			Y IN ITEM 18 PAR	TI OR PART 2	2)	
1	DIC/	21d INHIRY C	NG CAUSE OF D	21e PLACE O	FINJURY (ATHOME	21f LC	CATION	1/	lone				
	ME	WHILE AT WORK	NOT WHILE AT WORK		ORY, FARM, ETC.)		STREET		CITY OF TOWN		COUNT	ſΥ	STATE
				e of the remains descr	ribed above, held or	Autop	osy , Inspe	ection X	Inquiry	ond	n my opini	on	
		death result	ed from: Noture	ol causes X,	Accident	Suic de	, Homicide		rmined mann				
F		ACTUAL SIGNATURE	the s	25/	torpe	era.	Deputy		CAL EXAMIN	IFR	DATE SIGNED.	7/3/	87
1		EXAMINER'S	NAME J	ohn S. Ro	gers, M.D			9 Semin	ary Ro	oad		County	, MD
7	00 01	IDIAL CDEALA					ADDITESS.	<b>-</b> -				30 311 03	1 110

(VR A15 ME (5))

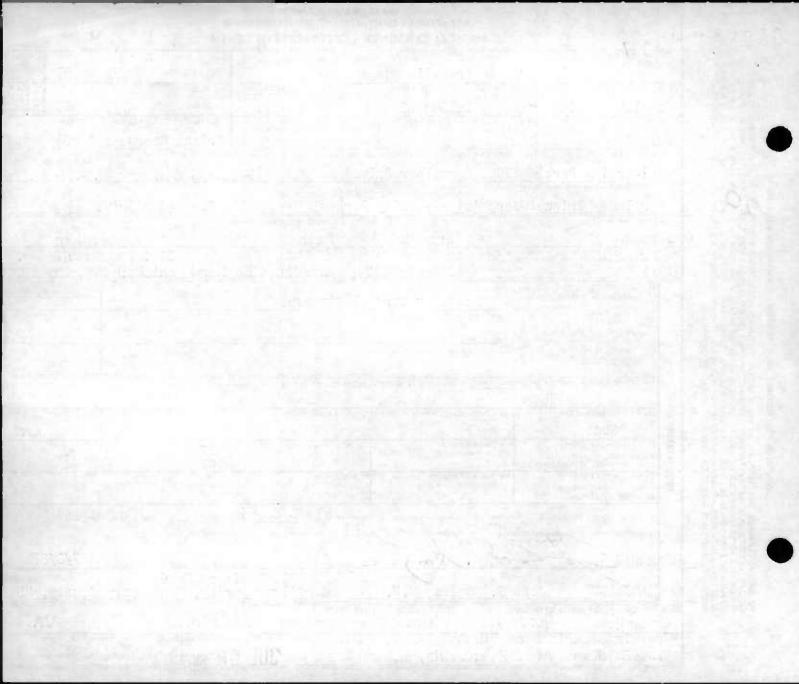
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Metropolitan Crematory

Alexandria

VA

236 DURIAL CREMATION, REMOVAL 236 DATE OF CEMETERY OR CONCESSOR OF COMMETTERY OR CONCESSOR OR CONCESSOR OF COMMETTERY OR CONCESSOR OF COMMETTERY OR CONCESSOR OF COMMETTERY OR CONCESSOR OF CONCESSOR OF



STATE OF MARYLAND	
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CEPTIFICATE OF DEATH

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REGENTO.	1	

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		MIDDLE				20 DATE OF DEATH		AY YEAR	
TYPE	ECEASED NAME FIRST	Ao. +	Thi ff	10+		7-9-	8=	7	11
I SE	X	1 RACE	5 DATE OF	BIRTH	YEAR	6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER
	Female	white	02	13	30	574R	YRS.		HOURS
C	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED -	NEVER MA	ARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
	West Virgini	a W.S.A.	RSING HOME OR		ORCED	120 USUAL OCCUPAT	· Co	126 KIND C	OF BUSINES
C	apt. Hgts, MD	1315 Oates	Street			Home Mak		Hom	e
130 S	STATE Maryland P.		Hgts		NO 🗌		ates	074K	ec+
14 FA	ATHER'S NAME FIRST	UNK .	1:	5 MOTHER'S	MAIDEN NAA IRST	UNK .	0:1-	LA	
16a V	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)		17 INFORMAN				er Sp	
	NO	214-	32-3/18	kev.	Geo.	Davis 14	129 B		ue L
	Conditions, if ony, which gove rise to immediate cause to stating the underlying couse last.	DUE TO, OR AS A CONSE	A STATI		Color	N, BLADD	E.		
FICATION	gove rise to immediate cause to stating the underlying cause last.		TO DEATH BUT NO	OT RELATED T	Color TO THE TERM	N, BLADD	DITION GIVE	WERE FINDS	NGS USED OF DEATH
ERTIFICAT	gove rise to immediate cause to stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED T	Color TO THE TERM	N. B4ADD INAL DISEASE OR CON 200. AUTOPSY? YES NO	206. IF YES, IN CERTIFY	WERE FINDI	NGS USED
CERTIFICAT	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE  (C) CONDITIONS CONTRIBUTING  196 CONDITION FOR WE  216. TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT NO	OT RELATED T	Color TO THE TERM	N. B4ADD	206. IF YES, IN CERTIFY	WERE FINDI	NGS USED OF DEATH
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DHMH - 16 60M 1/75 (VRA 15 (4))

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101 2 1 1987 Mile Silver Park

## STATE OF MARYLAND

EP	ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
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060659	12	FOR STATE LECOTHAR		CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8 / REG. NO. 1 3 9 9
1 1X	4. DE	Clinto	on week	Shi	ort	07 10 87 1720 M
ge 4 may	1. SE		Black	S. DATE O	DAY TEAR	6. AGE (INVENSIALIFBRINGAY) FUNDER I YEAR FUNDER SAME 61 VRS.
0112	1000	RTHPLACE ISLATE OR FOREGA	76. CITIZEN OF WHAT COUNTRY? USA	WIDOWE		Prince George's MD
	10	ekoma berk	11. NAME OF HOSPITAL NURSING OF HOSPITAL SURSING STREET	ADDRESS)	of Hosp	Self Employed ID KIND OF BUSINESS OR
10 mg 15 15	1	ALRESIDENCE OF MOISING HOME OF STATE IS COU	In city or tow Adelph		YES NO	13xSTREET ADDRESS / ZIP CODE 2705 Rambler Court
MARY!		Alfred Short	WIDDEZ EAST		Sarah G	MEDIE IASI
MORE, seed of Popes 1		NAS DECEASED EVER IN U.S. AF 1953, NO DR UNKNOWNS IF YES GO	NE WAR OR DATES		Evelyn Sho	rt-wife-4405 Weldon Ave.,
ON ST. BAIL the opticion is the optical disconstruction of the optical optical optical		PART L DEATH WAS CAUSE	TE CAUSE (o)	ai	1	Hills, Maryland
that the area that the area case remains all cremation		Conditions, if any, which gove rise to immediate come to stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE		weither (	old my with
PRDS, 20	NOI		CONDITIONS CONTRIBUTING TO	1201	OT RELATED TO THE TERM	///
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SICLAN of physical certifical real from	MEDICAL CE	216. ACCIDENT WAS UNDORSORING [ OR CONTRIBUTING [] CAUSE OF HE LEFTINGS. HOTEY MEDICAL TAXABLE	HOUR A.M. MONTH DI	AY YEAR 19		TED (1997) NATURE OF HUMEN PLOTANCE PART 1 DRIPMET 2)
Olvision on the but the and M	MED	214 INJURY OCCURRED	THE PLACE OF INJURY	MM, ETC.)	711 LOCATION SIMES	CONDICTIONN COUNTY STATS
ATTENDI Inpitel or CTOR A Storost of Head	1	saw the deceased alive or above, (II (we) (did) (did no	ital) attended the deceased from		their in (my) (our) opinion	
HITAL OF by the ho ERAL DINE State Dept ANT, it here		Heit.	V & Collins	M		MEDICAL STAFF DIRECTOR PHYSICIAN
O HOSPIT TO FLINER THE SECTION OF THE SEC		HECTON	K. COLLIS	ACCOUNTS OF THE PARTY OF	274 ADDRESS	1584ING ST 5512
BP		Burial CHEMATION REMOVAL	July 16, 1987		emetery or crimátory ncoln Memor	ial Cemetery Suitalnd,Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		ewart Fuhera	al Home-4001 B	ennir	ng Road, N.	ERECO BY REGISTRARIES REGISTRARISSIONATURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2a. DATE Chiefe Califfornia OF DEATH MATED A AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 26 MARRIED NEVER MARRIED & FOREIGN COUNTRY) Williamsburg WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME. OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY Entrepreneur Prince George's SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFO 3a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 2120 Brooks P.G. Suitland Maryland YES [] NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Sims Dandridge Sidney Mary 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) Sidney Sims-father-2300 Rosecroff 92 0258 579 no Fort Washington Md WIERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, E ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (01 ON AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-HEALTH AND ME AL, CREMATION, lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 g CERTIFICATION 19g. DATE OF OPERATION EXECUTE THE CERTIFICATE, WRITING THE WORD "PE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT.OF HE BARLIMORE, MARYLAND, 21201 PRIOR TO BURBIAL, 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO L 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21. UNDERLYING CONTRIBUTING CAUSE OF DEA 21e PLACE OF INJURY 214 INJURY OCCURRED WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Inspection and in my apinion death resulted from: Accident Undetermined manner Notural couses Homicide

THE NAME OF CEMETERY OR CREMATORY

Home-4001 Benning Road

07/84

**DHMH - 17** 

(VR A15 ME (5))

Lincoln Memorial Cemetery

25a. DATE RE

Suitland

STATE OF MARYLAND

AND REST AND REST AND AND REAL PROPERTY.

EXECUTE THE CERTIFICATE, WRITING THE WORD PROBING IN PAGE 4 SHOULD BE FORWARDED TO THE CHE MEDICAL EXAMEDITED THE CHE MEDICAL EXAMEDITED BE USED AS A BURKAL PROPERTY WITH THE STATE DEPARTMENT OF HEALTH AND ABALTIMORE, MARYLAND, 21201 PROR TO BURKAL CHEMATICAL 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM FTC ) WHILE AT WORK CITY OF TOWN 22a I certify that took charge of the remains described above, held Inspection. and in my opinion death resulted from Natural count THILE (BPECIFY Assistant

07/84

**DHMH - 17** 

(VR A15 ME (5))

Burial 7/20/87 24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL 23b DATE

Dennis F. Smyth

J.B. Jenkins/7474 Landover, Rd

EXAMINER'S NAME

(TYPE OR PRINT)

M.D.

Harmony

23c NAME OF CEMETERY OR CREMATORY

23 LOCATION Landover

111 Penn St.

COUNTY PG

COUNTY

STATE Md

7/16/87

20 AUTOPSY?

YES X NO

STATE

87

a M

BX.REGISTRAR 256, REGISTRAR'S SIGNATURE

JUL 24 967

(VRA 15, 4)

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH &

061	1.45 JUL 2	918	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	8 PREC	2   3 6 G. NO.	7
	poge 3	1. DEG	ORPRINT) Raym	and William	Snider	20 DATE OF DEAT	7-24-8	2b. HOUR 2 20 AM
	ctor, po	3. SE		1 RACE Caucasian	5. DATE OF BIRTH  MONTH  DAY  YEAR	6. AGE (IN YEARS LAS		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
	2 400	7a. Bi	OUNTRY)  OCISHINATION DC	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED		OR COUNTY OF DEAT	
10	690	10 CI	or town of DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	ng home or other institution taddressi)	12a USUAL OCCUI (TYPE OF WORK FOR MIC Mechanic	OST OF WORKING LIFE INDUS	IND OF BUSINESS OR STRY rs & Roebux
LAND 212	in 24 hourshold be in must	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFO JUNTY 13C CITY OR TO Chillun	WN 13d INSIDE CITY LIMIT	5649 Sar		20782
MARY	Speed with	14. FA	FIRST	Harley Snide	er Maggie	MIDD	Coc	:křilli
BALTIMORE, MARYLAND 2120	on ond col		VAS DECEASED EVER IN U.S. A LES NO OR UNKNOWN) (18 YES G		URITY NO. 17 INFORMANT (M 508 Edna Mae	life) 642°5 Snider Chev	Priner Streverly, Maryl	land 20785
ST., BAL	physical conpension enocal, event, the		PART I. DEATH WAS CAUS	only one couse per line for to M(b), o	nd rc·		8611	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON	to the orthodor to remove corb of, cerealist, or r other traumate		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQ  (b) LULU  DUE TO, OR AS A CONSEQ  (c) DUBLE	SCHEMIC COSCU	romyo gather	1	
ORDS, 20	requires a Then pil or to burn y mlory, o	NOIL			DEATH BUT NOT RELETED TO THE		ONDITION GIVEN IN PA	
AL REC	To de la	CERTIFICATI	190 DATE OF OPERATION	196. CONDITION FOR WHICE	H OPERATION WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CA	USES OF DEATH?
F OF VII.	g physic certhicon certhicon certhicon men 18 ib		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DE	EATH HOUR A.M. MONTH	19	COURRED (ENTER NATURE OF	INJURY IN ITEM TO PART I OR PAI	RI 2)
IVISION	offer the rest the rest of rest of	MEDICAL	21d INJURY SCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM ETC.)	CITY C	OR TOWN COUN	ITY STATE
	TENDR AT TOR A Period of Health		saw the deceased alive a	pital) attended the deceased from	, ond that in (19/) (our) op	to, to	ne date and hour and from	that (we) lost m the couses stated
•	At OR A the host At DIREC defriched des Dept.		226. SIGNATURE COSTEM	Elson w	DEGREE ATTENDI			DATE SIGNED
	noned by the State of the State		22d PHYSICIAN'S NAME (TYPE	ELSON	6525	Belieut Re	I Hyntsv.	ille MD
	BP	23a E	URIAL, CREMATION, REMOVA SPECIFY) Burial		NAME OF CEMETERY OF CREMATE	CITY OF TOW	d P.G.	Maryland
	DHMH - 16 60M 7/84	²F\$\\\47	ancis Casch's 39 Baltimore A	Sons Funeral Ho		DATE REC'D. BY REGIST	RAR 256 REGISTRAR'S SIC	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO LEASED NAME 20. DATE KNOWN MONTH OF ESTI-E 5 FOR YOUR FILES.

E) WITHIN 72 HOURS

W, PRESTON STREET, DEATH MATED 0 3 SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED DAY5 DEAD BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE WHAT COUNTRY MARRIED NEVER MARRIED OREIGN COUNTRY WIDOWED DIVORCED 00 Y ES 1, 2, AND 3 TO THE FU 1 PM 3. RETAIN PAGE 5 PMD 2 SHOULD BE FILED. FAUTAL RECORDS, 201 W. ID CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCY BEFORE ADMISSION)
130 STATE 130 COUNTY 131. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME RS AFTER DEATH.
GIVE PAGES 1, 2
VITH FORM PM 3
PAGES 1 AND 2 MIDDLE un. 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO DIVISION IYES, NO. OR UNKNOWNI (IF YES, GIVE WAR OR DATES) O "PENDING" IN PENCIL IN ITEM 18, C IEF MEDICAL EXAMINER ALONG WIT SED AS A BURIAL - TRANSIT PERMIT P F HEALTH AND MENTAL HYGEINE, DIN IAI, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION TO MEDICAL EXAMINER: THIS CERNIT CONTROL OF THE WORD "PEN EXECUTE THE CERTIFICATE, WRITING THE WEND THE CHIEF ME PAGE 4 SHOULD BE FORWARDED TO THE CHIEF ME TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEAL BALLIMORE, MARYLAND, 21201 PRIOR TO BURILL, CI USED / 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 19 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinian death resulted from: Notural couses Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUA) MEDICAL EXAMINER S. ROGERS JOHN XAMINER NAME TYPE OF PRINT **ADDRESS** 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY MI CURRY 07/84 BP. 25M 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))

JUL 24

060235 JUL

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_		STATE MEGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	1 0	,	
4	人表	EASED NAME	FIRST		WIDDLE		LASI			DAY YEAR	26 HOUR
1	(TYPE	OR PRINT) EDI	NA		SON	NEMA	ANN	JULY 13,	1987		12:10 M
1	1. 5EX	7	-	A. RACE		S. DATE (		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
		FEMALL	_	WHI	TE	May	7, 1895 YEAR	92	YRS		MIN.
7		RIHPLACE (STATE OR FO	OREIGN ]	Th CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. PALTHMORE CITY O	RCOUNTY	OF DEATH	-
/	Wa:	shington		USZ		WIDOWE		1 12 INCE		301260	MD.
-	C	LINTON	"/		H FACILITY, GIVE STREET		OR OTHER INSTITUTION	12c USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAKE	F WORKING LIFE	INDUSTRY	Home
7	13a S	100	NG HOME OR O		GIVE RESIDENCE BEFORE 13t. CITY OR TOW Washing	N.	136 INSIDE CITY LIMITS?	13e STREET ADDRESS / 2711 Ter			9999 SE 999
/	14. FA	THER'S NAME	A	AIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAS	1
Ц		Harry	District AB.	IFD FORCECO	Laws		Alice	C		MESSIC	
>		(AS DECEASED EVER I		WAR OR DATES	166 SOCIAL SECU		17. INFORMANT		2		Fton St
P		No			579-01-		Warren W	Sonnemann	Sr T		
ı		PART I, DE ATH W.	AS CAUSED	BY-		/ "	sculor Call	GUE.		BETWEEN	ONSET AND DEATH
	100		IMMEDIATE	E CAUSE (a)		/ N	Code Carl	- go z	,		10101
		Canditions, if any,	which	DUE TO, O	R AS A CONSCOUR	/	3is 2 hrs	SENTERUC	arter	Can	48 kis
1		gave rise to imm	ediote	(b)			The state of the s	JEN IN CO	Λ -	1	
		underlying cause		DUE 10, OI	R AS A CONSEQUE	NCEOF	te bralo kon	I d hund	Thea	Luses	imo.
ì		PART 2 OTHER SIGN	(FICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	OT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	EN IN PART 110	
U	o Z										
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į	CER	210. ACCIDENT WAS UND		21b. TIME O	FINJURY M. MONTH DA	VEAD.	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	W IN ITEM 18 PA	ARF I OR PART ?}	
r	14.	OR CONTRIBUTING C		"		19					
	MEDICAL	714 INJURY OCCURR	ED	21e. PLACE	OF INJURY	ARAA FIC 1	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
H	2	NOT WHI	K .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
1		22s.1 certify that (1)		al) attended the	e degeased fram_		100 1986	10 7/13			that (I) (we) last
		saw the decease above, (1) (we) (d		riew the body	alter death.		nd that in (my) (aur) opinian	death occurred an the do	ite and havi	and Iram the	causes stated
Н		276 SIGNATURE	1	12	12.		DEGREE ATTENDING	MEDICAL STAF	F	27c DAY	SIGNED OF
_		272 PHYSICIAN'S NA	wafe	14	1		, PHYSICIAN	DIRECTOR   PHYSIC		13/	elles 01
	1	MARK	H.	Auc	e. Mo		OXON	HILL W	10	2074	5 /200
		URIAL, CREMATION, I	REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Burial	Mar.	15Jul		Pros		emetery V		ngton	DC
	24 FU	NERAL DIRECTOR T	t E V	Wilhel	m ADDRESS	, = = 1	250 DA	ENEC. D'ANDE DE BANK	256 REGISTI	RAR SEIGNAL	UREndedeb
		Funer	al Ho	ome	Sui	tland	d, Md.		S. Contraction of the Contractio		

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1014 FEMILE CANDER SOUTHERN WELLER HOLLER HOLL TOTAL SCHOOL SE PROMODINES PROMOTE SE PROMOTE SE There have the season be a section of the or STATE OF THE PARTY CAR TANK SECOND CALL PART PART PART PARTS OF THE PARTS OF TH

13		STATE F.H., / GDJ. REGISTRAR			NT OF HEALTH AND CERTIFICATE OF		S REG.	NO.	3137	12
m.£.		CEASED NAME FIRST	WIDDLE		LAST		20. DATE OF DEATH		DAY YEAR	26 HOUR
9 8 7 8 JUL 17	87	CLIN	PIDE		PAULDING	- 18	JULY		1987	10:15A <sub>M</sub>
	3. SE	X	4 RACE	5.	DATE OF BIRTH	YEAR	AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
s o s		Male	Caucasia		Feb. 3,	1902	85	YRS		
# # 12	7a BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	MARRIED   NEVER	MARRIED -	9 BALTIMORE CITY			
		/irginia	U.S.A.			DIVORCED [	Prince			MD.
. 133		ity or town of death Lanham	11. NAME OF HOSPIT.  (IF NOT IN SUCH FACILITY  DOCTORS  H	AL, NURSING I y, give street add lospita]	HOME OR OTHER IN	stitution Geo. Co.	120. USUAL OCCUPA (TYPE OF WORK FOR MOS Ret. Line	T OF WORKING	LIFE) INDUSTRY	Telephon
AND 212 hilled in hydid be	13a. S	D Va. P. G	ROTHER INSTITUTION GIVE RES NIYLANCAS LE Mr. CI COTSES		13d. INSIDE	CITY LIMITS?	13 STREET ADDRES 2253 Lewis	S / ZIP CO	DE' Lancast	er, / /va.
AARY.	14. FA	ATHER'S NAME FIRST  Albin	MIDDLE	(AST aulding		R'S MAIDEN NA FIRST T	ME MIDDLE  Jane		Thompson	51
ai A		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SC	CIAL SECURIT		MANT	ADD	RESS	Thompson	
OWILL OWILL		Ю		7-01-20	34 Raym	ond T.	W. Hyactsv Keys-2253	ille, Lewisc	MD 20 <b>7</b> 8:	3
on str., BA		18 CAUSE OF DEATH (Enter of PART L DEATH WAS CAUS) IMMEDIA	THE CAUSE (III)	1 goes	relial	m	culier	- /-	BETWEEN	DHSF1 AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  BLG PRESIDENT THE low equires that the death certificate excelled within 24 hours  after the certificate has been signed by the ottending physician and companies to find the second second that the second second second the second s		Conditions, if any, which gove rise to immediate cause to stating the underlying cause last.	DUE TO OR S	Clien	at 0	mile	elici	all		
quires aquires (hen plant) to burin	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEA	TH BU NOT RELATI	ED TO THE TERM	NINAL DISEASE OR CO	NDITION	IVEN IN PART 1	a
AL RECOI	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION F	OR WHICH OP	ERATION WAS PERF	ORMED	200 AUTOPSY?	IN CER	ES, WERE FINDIR TIFYING CAUSES YES	
A Principle of the party of the		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE			YEAR 21c. HOW	INJURY OCCUR	RED (ENTER NATURE OF IN	IJURY IN ITEM 1	PART I OR PART 2)	
20 20 11117	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	AID		19					
OIS 4 4 9 9	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJU		211 LOCAT		CITY OR	TOWN	COUNTY	STATE
N	~	AT WORK NOT WHILE AT WORK			110	07	Val	-	n)	
N 2 4 2 5 5		220.1 certify that (1) (this hosp saw the deceased alive at	ital) attended the decea	ised from	119	19 8	, to	0	. 190	that (I) (we) lost
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		saw the deceased alive at obave, (I) (we) (did) (did no	at) view the bady after de	19.07	, and that in (m	y) (our) apinian	death accurred on the	date and h	aur and fram the	causes stated
September 1	1	Double -	01/11/0	00 0	PEGREE	ATTENDING .	MEDICAL ST	AFF	22c. DATE	
AT THE STATE OF TH		- Sugarina	" all	100	7	PHYSICIAN	DIRECTOR PHY	SICIAN	7/	6/87
A SPECIAL PROPERTY OF TAXABLE		THE PHYSIC AN NAME HAPE			22e ADDR					207
0 0 0 0 0 0 0 V		Benjamin Ma	ldonado, M.	D.	9440	Marlbor	o Pike, #3	20 Up	per Marl	boro, Md
24.64.2	23a B	BURIAL, CREMATION, REMOVAL	. 236 DATE	23c NAA	ME OF CEMETERY OF	RCREMATORY	23d. LOCATION	-	• COUNTY	STATE
BP		Burial	7/9/87	Ft.	Lincoln C	emetery	Brentwo			MD
DHMH_ 16 60M 7/84	24 FL	INERAL DIRECTOR Murp	hy Funeral 1	Home		25a. DAT	E REC'D. BY REGISTRA	AR 25h REGI	STRAR'S SIGNAT	IRE

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17-31372 059878 JUL 1707 the proceedings of the best by District to DO and at said of was permissi The contract of the contract o the first film in board after

BP.

DHMH - 16 60M 7/E

(VRA 15, 4)

061972

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

b	-0-1	REGISTRAR				CERTIF	ICATE OF DEATH	9 70 N	0. 2	13	13
8		EASED NAME	FIRST	, M	2.	- 11	rencer	July	29	1987	26 HOUR OM
	3 SEX	Female		1 RACE Blace	ch	5. DATEO		6. AGE LINYEAR LAST BI	YRS.	ONTHS DATS	IF UNDER 24 HRS
9	C	THPLACE (STATE OR F DUNTRY) 100 YOUR	OREIGN	76. CITIZEN OF V		Y? 8.	NEVER MARRIED	9 BALTIMORE CITY C	e Ges	Llyu .	MD.
2		C(inten		Pineui	ew Ma	man E	or other institution	12g. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewi:	OF WORKING LIFE		BUSINESS OR
5	13a. S	LRESIDENCE (IF NURS TATE aryland	13b COUN	ITY	GIVE RESIDENCE BEF 13c. CITY OR TO Lando	NWC	13d. INSIDE CITY LIMITS? YES X NO X			Rd/207	85
0	7	THER'S NAME rthur		MIDDLE	Rec		Annie Annie	MIDDLE		To	ny
1	(Y	AS DECEASED EVER ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	577-1	CURITY NO. 8-7286	Elizabeth	S. Henson	7215		ley Rd.
		18 CAUSE OF DEAT PART I. DEATH W		E CAUSE (o)	7	70	the C.	ama		BETWEEN	MATE INTERVAL INSET AND DEATH
		Conditions, if ony, gave rise to improve (a), static underlying couse	mediate ng the	(b)	R AS A CONSEC						
	NOI	PART 2. OTHER SIG	NIFICANT (	CONDITIONS CC	INTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TER/		NDITION GIVE	N IN PART 10	51
1	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTIFY YES		
1		21a. ACCIDENT WAS UN OR CONTRIBUTING [	CAUSE OF DE	AIH	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJI	URY IN ITEM IB PA	ART I OR PART 2)	
	MEDICAL	216 INJURY OCCUR	HILE	21e. PLACE ( (AT HOME STR	OF INJURY EET, FACTORY, OFFH	CE, FARM, ETC )	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
			ed olive on		2G19	57.01	nd that in (my) (our) opinion	n death occurred on the	date and hour	and from the	
		226. SIGNATUR	11	w			DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []	July	7 29, 19
1		226. PHYSICIAN'S N	AME (TYPE C	OR PRINT)			22e ADDRESS /				
ŧ	(	URIAL, CREMATION, SPECIFY) Urial	, REMOVAL	23b. DATE 8/4/			emetery or crematory and Nationa	23d LOCATION CITY OR TOWN		COUNTY	STATE
4	24 FL	INERAL DIRECTOR NAME B. Jenk	ins			74 Lan	ndover.Hand		R 256 REGISTI	P.G. RAR'S SIGNAT	Md.

death

STATE OF MARYLAND

PARTMENT OF HEALTH AND MENTAL HYGIENE	-
CERTIFICATE OF DEATH	8

	8 /REG. N	10. 2	1	3	1	L
ļ	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	
		1	20	87	7.5	OPM
	6. AGE (IN YEARS LAST BE	RTHDAY	IF UND	ERIYEAR	IF UNDER	24 HRS
	71	VAC	MONTHS	DAYS	HOUR5	MIN.

		10
emale	White	
DIDTHD! ACE	THE CITIZENS OF WHITE COUNTRYS	tr

ASUAL RESIDENCE INFORMATION OF THE INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136 COUNTY

Dec. 30, 1915 MARRIED NEVER MARRIED

13d. INSIDE CITY LIMITS?

BALTIMORE CITY OR COUNTY OF DEATH

150R965 12b. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Vashington DC 10. CITY OR TOWN OF DEATH

MTON

WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

(TYPE OF WORK FOR MOST OF WORKING LIFE)

Hotel Cashier

Maryland FATHER'S NAME FIRST James Tucker

FOR 87 STATE REGISTRAR . DECEASED NAME

TYPE OR PRINT

MIDDLE

USA

MIDDLE

15. MOTHER'S MAIDEN NAME LAST

Not Available

ADDRESS

160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

PG

AUDRE

16b. SOCIAL SECURITY NO

Temple Hill

17. INFORMANT

YES X

Barbara Biller same as #

20a AUTOPSY?

8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

2 la.	ACCIDENT WAS UNDERLYING
08.0	CONTRIBUTING TO CAUSE OF DE

(IF EITHER NOTIFY MEDICAL EXAMINER)

19a DATE OF OPERATION

21d INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

ATTENDING

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from 

211 LOCATION STREET CITY OR TOWN COUNTY STATE

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

226 SIGNATURE

230 BURIAL, CREMATION, REMOVA

(SPECIFY)

CERTIFICATION

prior

00

Hem

ö

DEGREE

22e ADDRESS

22c. DATE SIGNED REDICAL PHYSICIAN DIRECTOR PHYSICIAN

4308 Suitland Road Suitland Maryland

21e PLACE OF INJURY

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DHMH - 16 60M 7/84 (VRA 15, 4)

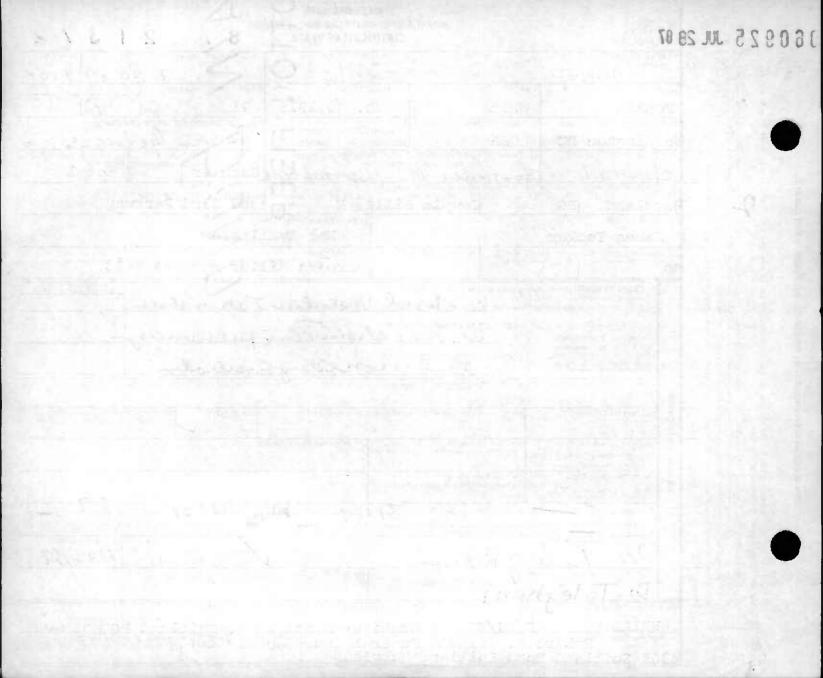
old be deta the State

MPORTANT

BURIAL

Washington Nat Cemt

Suitland PG MD das 24 FUNERAL DIRECTOR Robert E. Wilhelmss Funeral Home 250 JULIER 28 REGISTRAR 25 JEEPES TRANS STIGNATURE



Cleared by medical examiner	6 05810 4 JUL 20 1	DEPARTA	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.					
8p 7/22 4	T. DECEASED NAME FIRST (TYPE OR PRINT)  KALOMIR	MIDDLE	STAFILATOS	7-22-87				
ge 4 moy	3 SEX Female	4 RACE White	5. DATE OF BIRTH MONTH DAY YEAR 12 31 03	6. AGE (IN YEARSLAST BIRTHDAY)  8 3 YRS				
nerol dr nn 72 hou	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Greece	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE CO				
to ofter d	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS;  1 Beltsville Ho	126. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR				
led in Rd be	USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13e STREET ADDRESS / ZIP CODE 2				

SSS NO 114209 Pickadilly Mont. 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Aristotelis Logothetis Xanthi Kourtis ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 217-76-4021 N/A Elli Cavasilios (Daughter) Same as 13E 18 CAUSE OF DEATH (Enter only one cause per ling or (a), (b), and ic.)
PART I. DEATH WAS CAUSED BY: A-PNEST IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (0), stoting the DYSFUNCTION couse lost underlying CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? NOM NOF 216 TIME OF INJURY 710. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION

COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from

22 and that ur) opinion death occurred on the date and hour and from the causes stated 220 DATE SIGNED DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN [ 12e ADDRESS

230 BURIAL, CREMATION, REMOVAL

7-28-1987

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION Athens, Greece

IF UNDER 24 HRS

24 FUNERAL DIRECTOR

MEDICAL

Hines/Rinaldi 11800 New Hamp. Ave. S. S. Md. (VRA 15, 4)

Remova1

STATE

DHMH - 16 50M 4/83

BP

certificate has

FUNERAL DIRECTOR.

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AND THE REAL PROPERTY OF THE PROPERTY OF THE PARTY OF THE The property of the second of Suction of the survey of the s Smill resident STREETS OF THE STREET MILLS JULIA The man was a second of the se

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN K (TYPE OR PRINT) ESTI-Keith P. 23/10 87 Starks DEATH MATED 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE DAY LAST BIRTHDAY) PRONOLINCED Male Black 10, 1964 23 23/19 87 Jan DEAD ам Th CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Wash., D. C. U. S. A. Prince George's County, DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK Cheverly Prince George's General Hospital Distribution Clerk Medlantic SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) a STATE 13b. COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Forestville 1304 Inland Drive Md. P. G. YESX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AAIDDLE FIRST George Porter Starks Deloris F. Head 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT DIVISION 579-92-6092 George P. Starks-1304 Inland Drive MEDICAL EXAMINER ALONG WIT AS A BURIAL - TRANSIT PERMIT. P. ALTH AND MENTAL HYGIENE, DIV CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG. OF HEALTH A 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "F PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HI BALTYMORE, MARYLAND, 21301 PRIÖR TO BURIAL, YES X NO T 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX MONTH DAY YE UNDERLYING AOR subject motorcyclist in auto/truck impact CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC. WHILE AT WORK AT WORK Rt. 95. Pr. Geo., Md. roadway College Park, Autopsy X 220. I certify that Waak charge of the remain directived above, held an Inspection death resulted from Natural couses Homicide \_\_\_ Undetermined manner 7/23/87 sistant SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 236 LOCATION Burial July 29, 1987 Ft. Lincoln Cemetery Brentwood, P. G. Md. 07/84 BP 25M 24. FUNERAL PIRECTOR PINCKNEY **DHMH - 17** (VR A15 ME (5)) Spangler Funeral Home 5.24- 8th St

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

DHMH - 16 60M 7/8

(VRA 15, 4)

OR ATTENDING PHYSICIAN: The low

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	0 1	1	7	1
DEC	for &	0	-	-
REG	. NO. "			

NEO IST	IAN.						0 '	REG. NO.		
1. DECEASED N			MIDDLE	LA			20 DATE O		DAY YEAR	26 HOUR
,	John		Н.	S	tarlin	9	July	22, 1987		8:00a M
3 SEX		4 RACE		5. DATE O		N 11	6. AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male		Caucas	ian	Mau	2	1913	74	YR		HOURS MIN.
	STATE OR FOREIGN		WHAT COUNTRY?	8	C NEVER			RE CITY OR COUN		
Enalo	nd	USA		WIDOWEL		MARRIED -	Prin	ce George	s	MD.
	WN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME O	CMJ		120. USUAL	OCCUPATION	126. KIND (	OF BUSINESS OR
River	dala		Sth Avenu					rk for most of working		ins Taver
USUAL RESIDE	NCE (IF NURSING HOM	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				VC - VL		cris ravec
130. STATE	13b CC		13c. CITY OR TOW		13d. INSIDE C			ADDRESS / ZIP CO		1727
Maryl 14. FATHER'S N		Georges	Riverda	ce	YES	S MAIDEN NA	_	Oliver St	neer 21	0737
FI	ST	MIDDLE	LAST			FIRST Ada	VAIL	MIDDLE	0.4	AST
Harri	ASED EVER IN U.S.	101150 5006553	Starli 166. SOCIAL SECU				. , ,	ADDRESS & A		npkins
(YES, NO OR		GIVE WAR OR DATES)	12:10:10:10:10:10		17 INFORMA		riend		05 48th	
no			152-01-9	600	Wallac	ce Fles	hman	Ri		MD 2073
18 CAUS	E OF DEATH IEnte	JSED BY:	line fay 101, (b) and	d (ci.)	0 1	1.	-5	0		XIMATE INTERVAL
1 200	IMMED	NATE CAUSE (a)	netasta	lie	ropy/	4 1)	IT.	arcine	me 5	evero
		DUE TO, O	R AS A CONSEQUE	NCE OF						weeks
	Conditions, if ony, which ( (b)									
	ise to immediate (a), stating the	DUETO	P AS A CONSEQUE	NCE OF		YE.	1 3 7 7			
	couse (a), storing the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (								GIVEN IN PART 1	10	
0										
CERTIFICATION 210 VALUE OF THE CATION	OF OPERATION	196 COND	TION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUT	OPSY 20b. IF	YES, WERE FIND	
Ē							YES 🗆	IN CER	TIFYING CAUSE:	S OF DEATH?
210. ACC	DENT WAS UNDERLYING	21b. TIME C	F INJURY		21c HOW IN	JURY OCCUR	RED (ENTERN	ATLANTON PAULEY ON ITEM		
On CONTR	IBUTING CAUSE OF	DEATH	M. MONTH DA					1		
=	RY OCCURRED	INER) P.		19	211 LOCATIO	ON				
WHILE			REET, FACTORY, OFFICE, F.	ARM ETC )	STREET			CITY OR TOWN	COUNTY	STATE
	NOT WHILE AT WORK			= 01	7	-	7		67	
220.1 cer	tify that (1) (this ha	ospital) ottended th	e deceased from	= 7	1	19_3	to	1009 20	. 19	tho (1) we) lost
1000		INIT view the body	after death.	, and	that in my	(aur) apinion	death accurre	ed an the date and h	naur and from the	e causes stated
277 5362	AATTIRE ,	0		0	EGREE		7.5		22c DATE	E SIGNED/
N	and	(1	MARCO	U		ATTENDING PHYSICIAN [	MEDICAL		17/2	2451
PHY:	CIAN'S NAME (TY	PE OR PRINT)	20		22e ADDRES	55	- 4		1	
11	Wid	Crom	well							
30 BURIAL C	EMATION, REMOV			IAME OF CE	METERY OR	CREMATORY	1234 LOC	ATION		
(SPECIFY)	<b>—</b> ( )						CITY	ORTOWN	COUNTY	TO A STATE
24 FUNERAL D	BULLAL IRECTOR TO				ZLON	2011		vallipin L		PA
NAME	$\Gamma \Lambda U$	ancis J.	Silver S		110 0	UU	121	190/	landson.	IURE
								28.00		

000055		items, 8a., Zia-	Zza., by Med					
060655 JUL:	1 1 1	MAIC	bj. D			AND MENTAL		78
	ALC: NO.	EASED NAME FIRST	WEL	MIDDLE	NER'S	CERTIFICATE		
	(TYPE	OR PRINT)				4.101	OF ESTI-	
88888	3. SEX	Crysta 14 RACE	B DATE OF BIRTH	nita	VEADE   IE I II	Steve	DEATH MATED 7	9 19 87 M
2002		male Black	MONTH DAY	20°, 1969	YEARS IF UN	HS DAYS HOURS	MIN. PRONOUNCED	9 PM
A VEDINAL DISTRICT OF THE PROPERTY OF THE PROP		THPLACE (STATE OR	7b. CITIZEN OF WH		To.		9 BALTIMORE CITY OR COU	9 198/ M
ECESSARY, HE VOIRE OF STORY OF	FOR	EIGN COUNTRY)	USA			IED NEVER MARI	RIEM X	
7. 8. 4.	IO CIT	ash.,D.C.		PITAL, NURSING HO	WIDOV		120 USUAL OCCUPATION (TYPE OF WORK	S County, MD
A RESERVED	0	heverly		eorge's Ge		Hospital	FOR MOST OF WORKING LIFE)	OR INDUSTRY
- 000 M	USUA	RESIDENCE (IF IN NURSING HOME O	R OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMI	SSION)			0-000
212 A S S S S S S S S S S S S S S S S S S	130 ST Ma		PG	Upper		YES NO T	3026 South Gro	ve 20172
G # NOW # P		THER'S NAME		Maribo	10	15 MOTHER'S MAID		
# 55 35 W	S	amuel Steve	MIDDLE	LAST		Rose	Christmas	LAST
40 Max	Ióo. W	AS DECEASED EVER IN U.S. ARA		166 SOCIAL SECUR		17 INFORMANT	ADDRESS	0001 0 0
(AMERICAL)		no		577 08	004	Rose	Christmas-mother	-3026 S Gro
A		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED				ALC: UK		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A THEORY			E CAUSE (o)			olicated by F	Phencyclidine intoxication	on
PRESTO		Conditions, if ony, which	DUE TO, OR	AS A CONSEQUENC	E OF			
W FEE SENCIL IN WINER - TRAINSI OR REW		gove rise to immediate couse (a) stating the under-	(b)					
UTED IN PER EXAM		lying couse lost.	DUE TO, OR	AS A CONSEQUENC	E OF			
AL RECORDS, 2011 OULD BE EXECUTED O''' PENDING''' IN PI HIEF MEDICAL EXA JSED AS A BURIAL- JSED AS A BURIAL- RIALTH AND ME RIAL, CREMATION, 0		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OFATH B	UT NOT RELATED TO THE TE	RMINAL OISEAS	F OR CONDITION CIVEN IN P	API I a	<u> </u>
DIVISION OF VITAL RECORDS. S CERTIFICATE SHOULD BE EXECTION THE WORD "PENDING" REDE TO THE CHIEF MEDICAL. E 3 SHOULD BE USED AS A BUE E DEPARTMENT OF HEALTH AND THE PRICE TO BURIAL, CREMATI	Z						ANT V V	
VITAL RECO SHOULD BE ORD "PEND CHIEF MED EX USED AS, SURIAL, CRE	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ON FOR WHICH OP	ERATION W	AS PERFORMED?		20 AUTOPSY?
VITAL RESHOULD CORD "PER CHIEF M SE USED A UT OF HEA BURIAL, O	I IE							YES NO
OF V		210 EXTERNAL CAUSE WAS	21b. TIME OF	MONTH DAY YE	AR 21c H	OW INJURY OCCURR	ED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR F	ART 2)
SARTO PARTICIPANT OF A	CAL	CONTRIBUTING CAUSE OF D	DEATH P.M.	19	Sub,	ject took dru	ıgs	
IVIS GER JOEP JOEP JOEP JOEP JOEP JOEP JOEP JOEP	MEDICAL	WHILE ON NOT WHILE	STREET, FACTO	FINJURY (AT HOME, DRY, FARM, ETC.)		CATION	CITY OR TOWN C	OUNTY STATE
MR WR WR WARR		WHILE NOT WHILE AT WORK	nost	pital	Che	verly, Prin	ce George's,	Maryland
ATE. SATE. NO.		22a. I certify that I to have	at the remains desc	ribed aboys held an	Autop	sy X, Inspection	on . Inquiry . ond in my	opinion
MANN THIO YLAI		deoth resulted from	hi copilyes 1	Accepted .	Suicide	, Homicide .	Undetermined manner X.	
WAR WAR		ACTUAL / 1/	N. K. 9	KM-		TITLE (SPECIFY)	DATI	
SE S	1	SIGNATURE	7	11	N	Assistan	MEDICAL EXAMINER SIGN	7/11/87
TO MEDICAL EXAMINER: THIS CERTIFICATE SHE EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI AFTER DEATH, WITH THE STATE DEPARTMENT OF BALLIMORE, MARYLAND, 21201 PRIOR TO BURI		EXAMINER'S NAME Cha	arles P. K	okes, M.D		ADDRESS 11	l Penn St. Balto	.MD.
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		RIAL, CREMATION, EMOVALL		TIL NAME OF C		ADDRESS	1234 LOCATION	
07/84 BP (S)	Cr	emation /	July \$4.	1987 1	lee's	e A land	CITY OR TOWN CO	n, D.C.?
25M DHMH - 17	-	NERAL DIRECTO	16.110	way	111	234 PAT	HEOD TY NEW TRAR 256 REGISTBAR'S	
(VR A15 ME (5))	St	ewart/funera	1/H me-2	001 Beni	nime	Road, NE.		

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR					REG. NO.		
		CEASED NAME FIRST		AIDDLE	LAST	20 DATE OF	DEATH MONTH	DAY YEAR	2h HOUR
	(IANE	Martha	F.		Storck	See a	7	31 87	12:07 pm
3 SEX		(	4. RACE 5. DATE OF BIRTH			6 AGE INY	EARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
,	in.	emale	white,	3	3°01 11 DAY 5°3		YR		HOURS MIN.
ŋ		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8	ARRIED NEVER MARRIE	D	RE CITY OR COUN		
		ashington DC	USA	WID	OWED DIVORCE	Prince	e de orge		MD.
Cheverly			Prince	FACILITY, GIVE STREET ADDRESS HOS	me or other institutions of the contermination of the conterminati	120 USUAL (Thomes	OCCUPATION K FOR MOST OF WORKIN Naker	IZE KIND O INDUSTRY N/A	NO KIND OF BUSINESS OR IDUSTRY
3	13a S	AL RESIDENCE (IF NURSING HOME OF	e George	GIVE RESIDENCE BEFORE ADMIS	SION) 13d. INSIDE CITY LIM YES 7 NO		ADDRESS / ZIP CO		
111	100	THER'S NAME  Greene Chandl	er ]	Furmaĥ	Marthast	ENNAME	MIDDLE	Morro	Ŵ
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	220-46-4748		J. Store	ADDRESS k same as	#13	SEX
		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	ily one couse per D BY TE C AUSE (a)	line far (a), (b), and (c)	Cade	ae arr	rest_	APPROXI BETWEEN	IMATE INTERVAL ONSET AND DEATH
	Z	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	(c)		Undetermined		e or condition	GIVEN IN PART 1	o
-	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTO		YES, WERE FIND IN RTIFYING CAUSES YES TX	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DAY Y	EAR	CCURRED (ENTER NA		- AAA	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY EET, FACTORY, OFFICE, FARM, ET	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		22a.l certify that (1) (this has been saw the deceased alive on abave, (1) (m) (did) (did) and	1	7	and that in (my) to a a	, to	d an the date and		that (1) (ye) last causes stated
		22b SIGNATURE	my 1	2	DEGREE ATTEND PHYSIC	ING MEDICAL	STAFF PHYSICIAN	22¢ DATE 8/3/	
		R. MITH	MD	7	7525 Gr	reusell-1		cer way S	14
	- {	urial, cremation, removal Burial	23b DATE 8/4/8'		of CEMETERY OR CREMA	Silv	er Spring		
	24 FU	nald V. Borgwar	dt 4400 Belt	Powders Mill		16 0 6 198	PEGISTRAP 250 REG	HETRAR'S SIGNAT	J. B. E. A.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If hem 21 is marked ar them 18 shaws any injury, ar ath

AUG O B 1987 Sim Simon Buton

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STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE	
CERTIFICATE OF DEATH	8	1

5 JUL 28	97	FOR STATE REGISTRAR	DEPARTM		EALTH AND M	-	TENE 2	10.	3 8	0
oge 3 deoth		CEASED NAME FIRST CORPRINT; Zofia	WIDDLE		STRAS		20. DATE OF DEATH	MONTH 7	21 87	26 HOUR 4:45
ector, po	3 SE	Female	Nhite	S. DATE C	PE BIRTH	1897	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
The state of the s	To. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Poland	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIEI WIDOWE	DEVER M	ARRIED O	Prince Ge			MD.
A 10		ITY OR TOWN OF DEATH Hyattsville	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET,  Sacred Heart	ADDRESS)	R OTHER INST	ITUTION	170 USUAL OCCUPAT			OF BUSINESS OR
filled in	13eV	AL RESIDENCE OF NURSING HOME OR 13b. COUN	other institution give residence before ITY I3c. CITY OR TOW Alexandr	ADMISSION) N ia		NO 🗌	132 STREET ADDRESS	1 <del>1ghw</del> ?	fy Arlin	ngton,Na.
ond 2 s	14. F.A	Szymon	Korzews	ha	15. MOTHER'S Joź	maiden nam efa	MIDDLE			ynska
Poges I		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECU 08-226-1		Zofia	Marc	oni Arlin	Colu	umbia I	Pike, 22204
physicio inpopers emovol.		PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (b), and D BY: E CAUSE (a) PPC	300	rascy	dor	- O-CC1	den	BETWEEN 3	CA US
d by the attending ease remove carbo		Canditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	bro	vosc	ulor	cusuf	ficie	ing of	yeors
injury,	CATION	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to </u>	DEATH BUT	NOT RELATED	TO THE TERM	INAPPISEASE OR COM	DITION GI	IVEN IN PART 1	a
ows and	1	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	YES NO	IN CERTI	ES, WERE FINDI IFYING CAUSES (ES []	NGS USED S OF DEATH? NO
g physic certificate riol-trans entol Hyg frem 18 sh	CAL CERTI	21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	YEAR	21c HOW INJ	IURY OCCURR	ED (ENTER NATURE OF INJ.	JRY IN ITEM 18	PART I OR PART 2)	
ottendir os the bu h ond M	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC )	211 LOCATIO STREET	N	CITY OR TO	)WN	COUNTY	STATE
Spitol or CTOR: Al I for use of of Healt		saw the deceased alive on abave, (I) (we) (did) (did na		-		our) opinian o	deoth occurred on the d	22 late and ha	iur and from the	
y the ho y the ho RAL DIRE detoched detoched inter Dept			morau. M.		MD AT	TTENDING THYSICIAN	MEDICAL STA	FF CIAN [	7-	22-87
should be with the S		Eva Morell					Executiv Marylan			d,
BP 99	230. E	OURTAL, CREMATION, REMOVAL	7-22-1987 B	IAME OF C	CZEMI		23d. LOCATION CITY OF TOWN CELLES	T. The	HOOM	746/2
HMH - 16 60M 7/84 (VRA 15, 4)	6	HOME THE TOWN	2 Luc HWW.	4 Car	1	250. FOT	REZDAY REGISTRAF	25b REGIS	TRÁR'S SIGNA	TURE L

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## STATE OF MARYLAND DEPARTME

NT OF HEALTH AND MENTAL H	YGIENE	0 1	
CERTIFICATE OF DEATH	8 /	for the	Į.

REGISTRAK		CERTIFICATE.	or orani	REG	NO.		
I. DECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
Aubrey	Jones	Taylor	III		ly 14,		11:00a <sub>M</sub>
3 SEX	4 RACE	5 DATE OF BIRTH	DAY _ YEAR	6 AGE (IN YEARS LAS	[ BIRTHDAY]	MONTHS DAYS	HOURS MIN.
Male	Black	July 1,		43	YRS		
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED   NE	VER MARRIED	9 BALTIMORE CIT	_		
Virginia	United States	WIDOWED	DIVORCED X	Prince	George's MD.		
10 CITY OR TOWN OF DEATH  Riverdale	11. NAME OF HOSPITAL, NURSIN I IF NOT IN SUCH FACILITY, GIVE STREET Leland Memoria	NG HOME OR OTHE ADDRESS) al Hospita	R INSTITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MO ACCOUNT 1	ST OF WORKING	HEEL INDUSTRY	/US Dept.
USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 136 COUN Maryland Princ		/N   13d INS	NO [	13e STREET ADDRES	SS / ZIP COI	man Serv enue,Apt	
14 FATHER'S NAME	MIDDLE LAST	15. MO	THER'S MAIDEN NAM				st (20782)
Aubrey Jo	ones Taylor, Jr.		Evelyn	Stewa	rt		st (20702)
160 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN)   (IF YES, GIV	E WAR OR DATES)		DRMANT 903 W				2 000
None	231-60-9	9632 Man	nie T. How	ey(first	cousin	)Richmor	nd, Va. 232
Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT (	D BY:  (E CAUSE (0)  DUE TO, OR AS A CONSEQU  (c)  CONDITIONS CONTRIBUTING TO	ENCE OF	ATED TO THE TERMI	NAL DISEASE OR CO	ONDITION G	IVEN IN PART 1	0
190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS F	PERFORMED	20a AUTOPSY?		ES, WERE FINDII	
TI L				YES NO		res 🗌	NO 🗆
21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 19	CATION	ED (ENTER NATURE OF I	NJURY IN ITEM 18	PART I OR PART 2)	38
WMILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE. I		STREET	CITYO	RTOWN	COUNTY	STATE
sow the deceased alive on	July 14  Trivey the body ofter death.	27	, 19 <u>87</u> (my) (our) opinion d	, toJuly leoth occurred on the	14 e dote and ha		that (I) (we) lost
22b. SIGNATURE	harfour	MDEGREE	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN []		SIGNED
22d. PHYSICIAN'S NAME (TYPE O	arment /	22e AD	DRESS				
	any, M.D.		32 Annapol		Bladen	sburg, l	Md. 20710
230 BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETER		23d LOCATION		COUNTY	STATE
Burial	07/21/87 W	oodlawn Co	emetery	Richmon	d, Vir	ginia	

ATTENDING PHYSICIAN: The low

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be deteched for use os with the Stote Dept. of Health MPORTANT: If them 21 is

24 FUNERAL DIRECTOR LATNEY's Funeral Home

3831 Georgia Avenue, NW; Washington, D.C. 20011

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

JUL 21 1987 Julia Deviden Landers

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210	REG. N			
	REG. N	O.		

06	1903 A	16	FOR 17:87		M	DEPARTA	MENT OF	HEALTH	AND MEN	YTAL HY		2	1 3	8	2	
	K		CEASED NAME	FIRST	741	MIDDLE	-VAMIII	EK 3 C	LAST	ATEO		ATE KNOW	G. NO.	ONIH DAY	YEAR 7h	HOUR
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	Y, PLEASE IRECTOR. UR FILES. 72 HOURS N STREET,	3 SEX		4. RACE	5. DATE OF BIRT	TH	6 AGE (IN YE			UNDER 24		DATE		NIH DAY		3 HOUE
	N ST	Mal		C	MONTH DA		LAST BIRTHD	MONTH		HOURS A	MIN. PROM	NOUNCED		7/ 26		3:45 a N
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	HADE TO		REIGN COUNTRY)		II C A			WIDOW	ED NEVE			ince G	eorge	10 00	untv	
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	AND THE STATE OF T		Cheve	erly	Prince	George George	e's Gei	neral	Hospi	tal T	rűckit	river	)		indesiro	
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MD.	TOTAL X	14 FA	THER'S NAME		WIDDLE		LAST		15. MOTHER	S MAIDEN	NAME	MIDDLE			LAST	
E.	\$12300		James				Taymar	1	Hele	n	5.55			Sal	isbury	
IMO	WASSEN /	16a. W	AS DECEASED	EVER IN U.S. AR	MED FORCES?	16b SOC	IAL SECURIT	Y NO.	17 INFORMA	NT		ADD	ŖESS			
ALT	A SA		No	1	I/A	213-	-90-754	10	Jame	s Tay	man S	Same a	s 13	A-E		
	NIT.		18 CAUSEO	F DEATH (Enter on ATH WAS CAUSE	ly one couse per l	line far (a), (b)		1113	WHEN THE					- /	APPROXIMATE INT	
RESTON ST	A HO DNG DNG ERN HENE		7		TE CAUSE (o)			_	e Inju	ries						
EST	CILLIN IN SILVEN		0/	ns, if ony, which	DUE TO,	OR AS A CON	SEQUENCE	OF								
<u>a.</u>	WITH VCIL NER NAN TAL		gave ris	e ta immediate	(b)	100	2 7 5			27						
201 W	EXAM SIAL-TI D MEN ON, O		lying cau	stating the <u>under</u> - se last.	(c)	OR AS A CON	SEQUENCE	OF			1 5					
RECORDS	WEDING WEDING WEDICAL AS A BUI ALTH AN CREMATI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T I G														
- RE	의료 이부 :	CERTIFICATION	19a. DATE OF	OPERATION	19b. CON	IDITION FOR V	WHICH OPER	ATION W	AS PERFORM	ED?				20	AUTOPSY?	
¥	NORD SE CHIEF BE USE NIT OF H	E													YES X	10 🗆
9	HE WEEN BEING		214 EXTERNA	L CAUSE WAS		OF INJURY	DAY YEAR	21c HC	W INJURY O	CCURRED	LENTER NATURE	OF INJURY IN IT	EM 18 PART 1	OR PART 2)		
ON	E165 % 0	ZAI CAI	CONTRIBUTION	NG CAUSE OF			26/ 198	7 sub	ject m	otorc	yclist	t/fixe	d obj	ects	impact	
DIVIS	WRITING WARDED PAGE 3 SH TATE DEP/ 21201 PR	MEDICAL	21d INJURY C WHILE AT WORK	NOT WHILE AT WORK	STREET, F	E OF INJURY FACTORY, FARM, ET COADWAY	(C.)	51	refer hingto	n Rd.		dorf,	Charl	county Les Co	o., Md.	STATE
	PR: THE ATE, ATE, ATE, ATE, ATE, ATE, ATE, ATE		22s. 1 certif	ly that I took charg	je of the remains	described aba	ve, held on	Autaps	x X .	Inspection	, Inc	quiry .	ond in r	ny opinion		
	NEW CES	1	death resulte	ed from: Notu	rol couses .	Accident	X, Su	icide	Homicid	e .	Undetermin					
	DIRE OF THE STANFORM			MI.	1	1	11	00	TITLE (SPE	CIFY)						
	DEATH OPEN, NORE, N		ACTUAL SIGNATURE_	MAN	Into 1	me	MAN	V.M.	D Assi	stant	MEDICAL	EXAMINER	D	ATE IGNED	7/26/8	7
	NEA SI		EXAMINER'S	NAME DET	U	A Vor	11 64	D		1	11 Do	nn St.				
	PAGE BATTER		TYPE OR PRI	NT) FRA	rgarita				ADDRESS							
	<b>₩</b> ₩₩₩₩		urial, crema	TION, REMOVAL 2	07/29/8				R CREMATOR		23d LOCAT	Mad.	inco	COUNTY	STATE	
07/84 25M	BP		JNERAL DIREC	TOR Tor T				as Ep	15. UI	a. DATE REC	C'D. BY REG	ISTRAR 356	REGISTRA	R'S SIGNA	e's Md	•
	DHMH - 17 (VR A15 ME (5663	-	NAME	Tree r	uneral Rd (	17.00		20735	A	UG O	4 198	7 Jul	in Du	idorik	where	

AUG 0 4 rg

requires that the death certificate be executed within 24 haurs

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filled in by the funeral director page 3 out be filed within 72 hours after degth

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

坩	9 8	REGISTRAR				CERTIF	ICATE OF D	EATH 5	R	EG. NO.			
Ī		EASED NAME	FiR51	,	AIDDLE	l	AST		20 DATE OF DE		DAY YEAR	26 HOUR	?
ı	(TYPE	OR PRINT)	CARL			TH	OMAS			07/	24/87	3.45	AMu
3	SEX	(	4.	RACE		5. DATE C			6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	HOURS	4 HRS
ı	1	Male		Black	ς	may		1940	47	YRS		HOURS	MIN.
7		RTHPLACE (STATE OR I	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	DE NEVER M		9 BALTIMORE		TY OF DEATH		
1		orth Car	olina	II.S.	Α .	WIDOWE	DI DIV	ORCED [	PRINCE	GEORGE			MD.
1	0 CIT	TY OR TOWN OF DEA	ATH 1	I. NAME OF	OSPITAL, NURSIN	IG HOME C	OR OTHER INST	ITUTION	12a USUAL OCC	UPATION	126 KIND C	OF BUSINES	SSOR
		EVERLY			GEORGES"		AL CENT	ER	Truck	drive	r Pri	vate	1
	JSUA 30 S	L RESIDENCE (IF NURS	136 COUNT		13c. CITY OR TOW		113d. INSIDE CI	TY LIMITS?	13e STREET ADD			20770	
1		aryland	P.G.		Greenbe		YES 🛣	NO 🗌		Spring	hill Lr	i #28	4
1	4. FA	THER'S NAME	MI	DDIE	LAST			MAIDEN NAM		DDIE	1A	ST	
1		rank			Thon			erine			Day	ris	
ľ		VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU		17 INFORMAL	NT			pringhi		n.
L		No			240-58	3-632	1 Bet	ty Th	omas (	Freenbe	elt, Mo	20	1770
I		18 CAUSE OF DEAT PART I. DEATH W	H Enter only	ane cause per	line fill (a), (b), and	dicti	, -	- 1		1.	BETWEEN	ONSET AND D	DEATH
1			IMMEDIATE		Mania	esas	on 10	alle	cad	ia			
ı	-1	64		DUE TO, O	R AS A GONSEQUE	NEE OF	Buch	- 11	Fron				
ł		Conditions, if any		( (b)_	( Core	liv-	nypa	sart.	5				1.2
J		gave rise to imm cause (a), statir		DUE TO O	R AS A CONSEQUE	ENCE OF	/ "		/				
Н		underlying cause	last.	1c)				14 37	1				
1	_	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OF	CONDITION	GIVEN IN PART 1	a	
	ě					100							
A	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY	20b. IF Y	YES, WERE FINDI	NGS USED	нэ
	RTIF			1 = 1							YES 🗌	NO []	
		OR CONTRIBUTING		HOUR A.		AY YEAR	21c HOW IN.	JURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM 1	B PART 1 OR PART 2)		
1	MEDICAL	(IF EITHER NOTIFY MEDI	ICAL EXAMINER)	P.		19							
ı	AED!	214 INJURY OCCUR		(AT HOME ST	OF INJURY	ARM, ETC }	211 LOCATIO	N	CI	IY OR TOWN	COUNTY	51	ATE
1	^	AT WORK NOT WE	HILE			1	1/-	2		1			
1		22a.1 certify that (1)		l) attended/th	e deceased fram_	1/1	7/1	, 19		24/V)		that (I) (w	
1		saw the deceas above, (1) (we) (	ed alive an_did) (did nat)	view the body	after death.	7.0	nd that in (my)	(aur) apinian d	death occurred ar	the date and h	naur and fram the	causes stat	ted
1		226. SIGNATURE	1	,	undl		DEGREE				1	SIGNED	
1		7	Kor	eld	NO	ny	11/12	TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [	7/2	24/87	1
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR After this certificate has been should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior MPORTANT: # Hem 21 is marked or Hem 18 shaws an

etained by the haspital ar TO HOSPITAL OR

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ATTENDING PHYSICIAN: The low

THE PROPERTY SECTION

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REOF THO 2a DATE OF DEATH MONTH DECEASED NAME MIDDLE 26 HOUR TYPE OR PRINTS JR. BENJAMIN THORPE . 87 07 06 10 05A<sub>4</sub> 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 25 62 MALF BLACK 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. N.C. PRINCE GEORGE'S WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Public PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY Works Driver 3m STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Fairmount Hgt Byes 59th Ave. 20743 P.G. Md. NO [] 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Sherrod Thorpe. Sr. Ben jamin Flossie 130#SChapel Oaks Dr., 16h SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-36-1742 Colleen Thorpe-No Chapel Oaks, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS underlying cause last. PART 2 OTHER GIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DUE ASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased from saw the deceased alive and abave, (1) (we) (did) (dra nat) view the bady after death. and that in (my) (aur) apinion deoth occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 17L DATE SKINED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

(VRA 15, 4)

FUNERAL old be deto

DRIAMI

THE HURIAL CREMATION, REMOVAL

24 FUNERAL DIRECTOR 4.S. WASHINGTON + SONS 4925 BURROUGHS AVE. N.E

23b. DATE

MARYLAMD NATIL. MEH. PAKE LAUREL 25a DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

23d. LOCATION

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL F

CERTIFICATE OF DEATH

S	REG. NO.		5 -	3	
	July 24, 1987	AY	YEAR	26 HOL	O AM
		FUNDE	R 1 YEAR DAYS	IF UNDER	24 HRS MIN
	Prince George 1			У	MD.
	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Homemaker		USTRY	busine hon	

STE	erra M	S	July 24, 1901						
. SEX Female	1 RACE		July	26, 1898 AR	6 AGE (IN YEARS LAST BIRTHDAY) 88	MONTHS DAYS	IF UNDER 24 HRS		
o. BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carolina	76. CITIZEN OF W			MARRIED NEVER MARRIED DIVORCED Prince George's			y MC		
CITY OR TOWN OF DEATH  Lanham	(IF NOT IN SUCH	HOSPITAL, NURSING HOME OR OTHER INSTITUTION HEACHITY, GIVE STREET ADDRESS) HOSPITAL			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOmemaker  120. KIND OF BUS INDUSTRY OWN he				
JSUAL RESIDENCE IF NURSING HOME OF 13b COL Maryland Pr.		ve residence before a 3c. CITY OR TOWN Bowie		13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	130.STREET ADDRESS / ZIP CO. 10921 Maiden I		715		
FATHER'S NAME FIRST  John	MIDDLE L.	Manning		15 MOTHER'S MAIDEN NAM	WIDDLE	Morto	on		
60 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	66 SOCIAL SECUR 246-38-3		Hewitt M. Tra	ADDRESS vis same as 13	e.			
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gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR	A CONSEQUEN	NCE OF	ABDOMINA	-L ANEURYS	M 10	YEARS		
PART 2. OTHER SIGNIFICANT				NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	ES WERE FINDIN			

			YES NO	IN CERTIFYING CAUSE YES	S OF DEATH?
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	2)e. PLACE OF INJURY {AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.}	21f LOCATION STREET	CITY OR TOV	NN COUNTY	STATE
sow the deceased alive an above, (I) (wer (did) (did a div)	7-23- 1987 00	,	on death occurred on the da	te and have and from th	, that (I) (we) last ne causes stated
77b. SIGNATURE	your HID	DEGREE ATTENDING	MEDICAL STAF		E SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

FIRST

OS MA, M.

FOX LA. BOWIE HO 22e. ADDRESS 14300 23d LOCATION

23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Burial July 26,1987 Removal Beall Funeral Rome Bowie, MD

Ahoskie Cemetery Ahoskie, I Annapolis Road 250 DATE RECTO. BY REGISTRAN AUG 05 1987

Hertford, North Carolina

DHMH - 16 60M 7/B4 (VRA 15, 4)

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2120	器器配	1 <sup>3</sup> M	aryland Pri	nce Georg	e's Accore	eek   13d INSIDE (	NO [X]	reet address 1206 Teresa		
W	/428 H	A)	ATHER'S NAME	MIDDLE	LAST		ER'S MAIDEN NAM	AE MIDDLE	LAST	
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18	E A Olox	16a.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURIT		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDRESS	Same as	#13.
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3	San	1	18 CAUSE OF DEATH (Enter	only one cause per line	ar (a), (b), and (c).)			1 1 1 2 2 3 2 3	APPROXIMA BETWEEN ON	ATE INTERVAL
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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME FIRST 20 DATE OF DEATH 1900 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's Co. WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Greater Laurel Nursing Home Laurel SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 3024 20866 Jontagmery FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Dorothy M. Hohl Daughter Same as 13 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY RESPIRATORY EIMONIA Conditions, if ony, which gove rise to immediate cause (a), stating the ARCINOMA LUNG underlying cause last NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CON CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

MPORTANT Burial July 28. 1987 Gate of Heaven 24 FUNERAL DIRECTOR Francis J. Collins Jr. DHMH - 16 60M 7/84 20901 500 University Blvd. W. Silver Spring

220.1 certify that (1) (this haspital) attended the deceased from

Silver Spring Montgomery

220 DATE SIGNED

STAFF

DIRECTOR PHYSICIAN

/ MEDICAL

ATTENDING >

PHYSICIAN.

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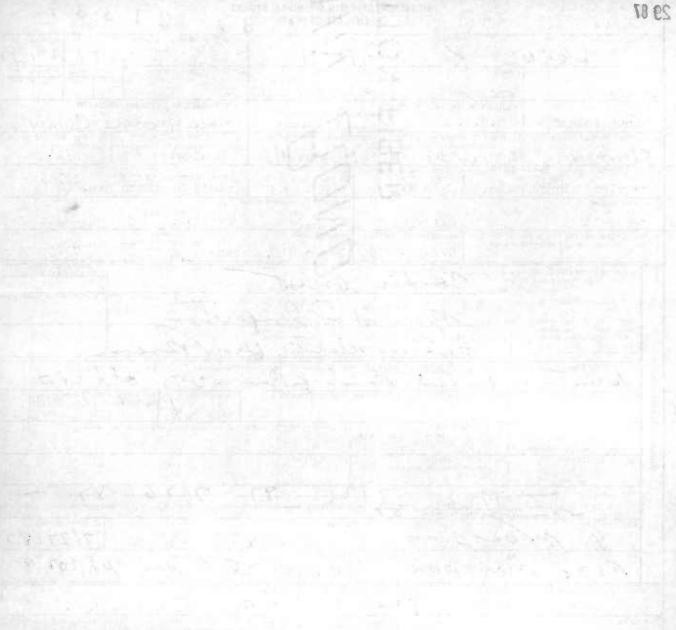
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STATE	OF	MARYLAND
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DEPARTMENT OF	HEALTH	AND MEN	TAL HYGIENE

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	2 11 10		BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	_	9. BALTIMORE CITY OR COUN	TY OF DEATH
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5	13/06	9	CLIMTON	SOUTHOR		HOSPITAL	Housewife	INDUSTRY N/A
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MARYLAND	7 1			e George Oxo		YES X NO	13e.STREET ADDRESS / ZIP CO 1313 Souther	n Ave. 20745
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	OR AT DIRECT DORECT Dept. of them		226 SIGNATURE			DEGREE		27¢ DATE SIGNED
	7 4 7 4 9 7		K Ma	ac , n	~	ATTENDING PHYSICIAN	MEDICAL STAFF	7/27/87
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	日子 共生 1 3	23a	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION	CO. 1115
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	DHMH - 16 60M 7/84	24	FUNERAL DIRECTOR	6	160 0xon I	1222 2100	E REC'D. BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE
	(VRA 15, 4)		George P. Kalas		ne Oxon I	Hill, Md. JUL	28 1987 Julia	Desigers Frances
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item 0 G633	1,	Items 18	a thru	22aFilmG	DEPARTMENT	STATE OF M	ARYLAND	HYGIENE			
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ET, MASSES		CEASED NAME	LEON		K. Kenne	th) WATSO	N	OF	E KNOWN SESTI-	7-17-87	YEAR 26 HOUR
ARY, PLINE L DIRECTOR. YOUR FILES. N 72 HOURS	3. SEX		Black	DATE OF BIRTH	YEAR 1	(IN YEARS IF UN BIRTHDAY) MONTH		MIN. PRONOI	UNCED	7-17-87	YEAR 2d HOUR
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07/84 BP 683	(	URIAL, CREMATION SPECIFY) Burial UNIFICATION		7/22/87		eter's	Cath. C	23d LOCATION CITY OR TOWN	rf, Ch	las. Co.	,
DHMH - 17 (VR A15 ME (5))	6	marte	ela	dams)	agua	sent	na jul	24 1007	KAK ZIB KEG	Tinak'S SIGNATU	KE

TREE A O SUA

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

CONTRACTOR (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE SIDENCE BEFORE ADMISSION)  13d. INSIDE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13d. CITY OR TOWN  13d. INSIDE (ITY LIMITS?  13d. STREET ADDRESS.	DEATH MD.
3. SEX  RACE  5 DATE OF BIRTH DAY  YEAR  6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 22. DATE PRONOUNCED LAST BIRTHOAY)  YRS.  70 BIRTHPLACE (STATE OR PORE OF WHAT COUNTRY?  North Carolina  United States  WIDOWED  10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IENOT IN SUB-ARAP). GIVE STREET ADDRESS)  UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  113d. INSTITUTION  120d. INSTITUTIO	MD. MD.
76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8 MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR COUNTRY OF DO NORTH Carolina United States WIDOWED DIVORCED   10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IEVE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WORK 1/26 KIN COUNTRY) 120 USUAL OCCUPATION (TWEE OF WO	MD. MD.
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10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (LENGT IN SUBMINACIONS, GIVE STREET ADDRESS)  12. USUAL OCCUPATION (TYPE OF WORK 1726 KIN  CONTROL OF WORKING LIFE)  Sel  13. CITY OR TOWN  13. LINSIDE CITY LIMITS?  13. STREET ADDRESS.	V
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Ma Kringe beorgal Attalni en YEST NO 320/ Bunker 4/1	11 RJ
14 FATHER'S NAME FIRST MIDDLE LAST SMOTHER'S MAIDEN NAME FIRST MIDDLE L	LAST
John Beasley Welch Mary Elizabeth Gibson	n
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 239-20-9309  17. INFORMANT Joseph Landolt (Nephew) Silver S	offet Rd
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	20903 INTERVAL
MMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a) stating the under-  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gove rise to immediate (b)	
S Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	
Iying couse last.    York   Yo	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10	
SOUND	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	UTOPSY?
196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. EXTERNAL CAUSE WAS  216. TIME OF INJURY  196. EXTERNAL CAUSE WAS  216. TIME OF INJURY  197. DAY VEAR  216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	YES NO T
NO FORWARD CONTRIBUTING CAUSE OF DEATH P.M. 19    CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE OF DEATH P.M. 19   CONTRIBUTING CAUSE O	
WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
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loguiry Land look charge at the remains described above, held an Autopsy L. Inspection Inquiry L. and in my apinion death resulted from: Natural causes Accident L. Suicide L. Hamicide L. Undetermined manner L.	
TITLE (SPECIFY)  DATE TO LOCATION TO ACCIDENT ACCIDENT TO ACCIDENT ACCIDENT TO ACCIDENT AC	
ACTUAL SIGNATURE SIGNED SIGNATURE SIGNED	4.30 1987
SILTER WEDICAL EXAMINER SIGNED	1
TITLE (SPECIFY)  MEDICAL EXAMINER  SIGNED  MEDICAL EXAMINER  SIGNED  ADDRESS  1919 Seminary Rd. Silver Sp.   ADDRESS  236 BURGAL, CREMATION, REMOVAL 236 DATE  236 BURGAL, CREMATION, REMOVAL 236 DATE  237 BURGAL, CREMATION, REMOVAL 236 DATE  238 BURGAL, CREMATION, REMOVAL 236 DATE  239 BURGAL, CREMATION, REMOVAL 236 DATE  230 BURGAL, CREMATION, REMOVAL 236 DATE  231 BURGAL, CREMATION, REMOVAL 236 DATE  232 BURGAL, CREMATION, REMOVAL 236 DATE  234 BURGAL, CREMATION, REMOVAL 236 DATE  235 BURGAL, CREMATION, REMOVAL 236 DATE  236 BURGAL, CREMATION, REMOVAL 236 DATE  237 BURGAL, CREMATION, REMOVAL 236 DATE  238 BURGAL, CREMATION, REMOVAL 236 DATE  237 BURGAL, CREMATION, REMOVAL 236 DATE  238 BURGAL, CREMATION, REMOVAL 236 DATE  237 BURGAL, CREMATION, REMOVAL 236 DATE  238 BURGAL, CREMATION, REMOVAL 236 DATE  237 BURGAL, CREMATION, REMOVAL 236 DATE  238 BURGAL, CREMATION, REMOVAL 236 DATE  237 BURGAL, CREMATION, REMOVAL 236 DATE  238 BURGAL, CREMATION, REMOVAL 236 DATE  237 BURGAL, CREMATION, REMOVAL 236 DATE  238 BURGAL, CREMATION, REMOVAL 236 DATE  2	oring, MD
	STATE
07/84 RP   Burial   08/03/87   Glenwood Cemetery   Washington D.C.	
DHMH-17 (VR A15 ME (5))  25M  24 FUNERAL DIRECTOR Francis Gasch's Sons Funeral Home P.A. 4739 Baltimore Ave. Hyattsville, MD 20781  250. DATE REC'D. BY REGISTRAR'S SIGNATURE AUG 7 1987  AUG 7 1987  Aug Jenneral Pome P.A.	URE

FOR DEPARTME - STATE REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH	B / REG. RO.	3	9	3	
LAST	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOU	R
WELLENREITER	07 0	3	87	7:3	88 A
5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOLY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
Nov. 12, 1914	72 YRS	MONTHS	DAYS	HOURS	MIN.
MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		
MARRIED   NEVER MARRIED	PRINCE GEORG	ES	COLI	VTV	

BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? Maryland CITY OR TOWN OF DEATH

Caucasian

D.

SOUTHERN MARYLAND

126. KIND OF BUSINESS OR Purchase Clerk Ret. Fed. Govt.

Meyers

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE P. G. 13d. INSIDE CITY LIMITS? Clinton 12527 Tove Road Maryland 20735 15 MOTHER'S MAIDEN NAME

MIDOLE Robert Garner 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO

ELVA

4 RACE

DECEASED NAME (TYPE OR PRINT)

CLINTON

3 SEX

Female

17 INFORMANT

HOSPITAL

Adda

ADDRESS

MIDDLE

N/A OR DATES Mike Shelton No 577-09-6776 Same as 13 A-E

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

PART I. DEATH WAS CAUSEI IMMEDIAT	CAUSE (0) DEM MATTER PROJECT GOOGLE	
Canditions, if any, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF CARCINOMA  DUE TO, OR AS A CONSEQUENCE OF	
underlying cause last.	(c)	

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	210
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	
		100

NO HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20a AUTOPSY?

21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM ETC 1

I WORK AT WORK		11	
20.1 certify that (this haspital)	attended the deceased fram	911	Ţ
saw the deceased alive on	aw the body after death	and	t

211. LOCATION CITY OR TOWN COUNTY STATE

nat in [96] (aur) apinian death accurred on the date and haur and from the causes stated

-	1	W	
THE PHYSICIAN	SNAME	I CHIRM	11.

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS

	7/3/8	)	
7	9 11/21	h 1	1

22c DAJE SJONED

MAN M.D 230 BURIAL, CREMATION, REMOVAL Burial

Cedar Hill Cemetery

DEGREE

Suitland

Prince Georges Md.

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

marked of

190. DATE OF OPERATION

22b. SIGNATURE

Lee Funeral Home, Inc.

07/06/87

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JUL 7 1987 Julia Dender L

DHMH - 16 60M 7/84

ould be detached th the State Dept.

FUNERAL

(VRA 15, 46633 Old Alexander Ferry Rd Clinton Md 20735

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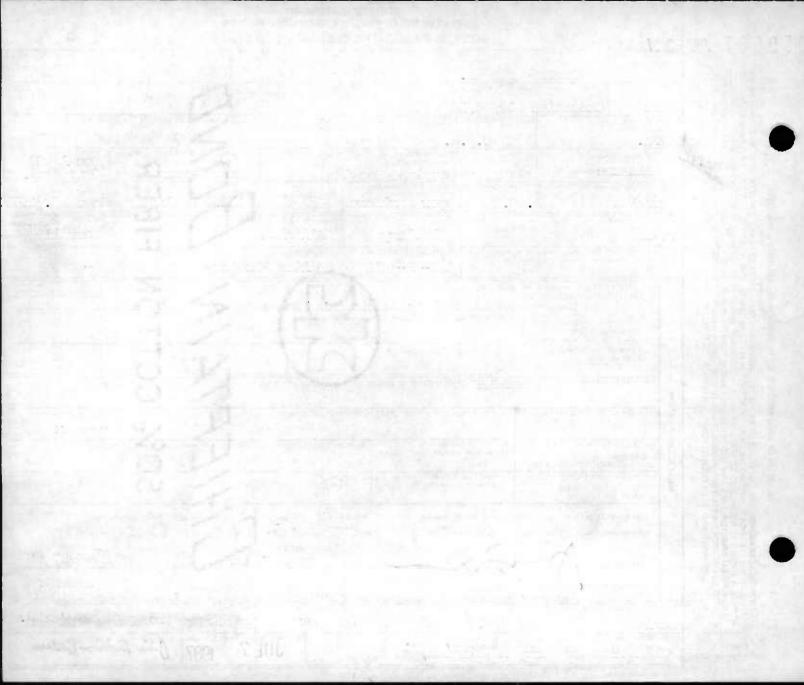
JUBZ JUL 2	REGIS	TRAR			CERTIF	ICATE OF DEATH	REG.N	0.		
	1 DECEASED	NAME FIRST		MIDDLE	l.	AST	20. DATE OF DEATH	MONTH DAY	YE AR	26 HOUR
page 3	(TIPE OR PRINT)	Sarah	Mar	tin A	WH	neeler	July 14	, 1987		1:02 R
moy Fer d	3 SEX		4. RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF L	INDER I YEAR	IF UNDER 24 HRS
toff	Fe	male		Cau.	AUG		90	YRS	THS DAYS	HOURS MIN.
2 20 0	7. BIRTHPLA	E (STATE OF FOREIGN	76 CITIZENO	F WHAT COUN	TRY? 8.	NEVER MARRIED	. 9 BALTIMORE CITY C	R COUNTY OF	DEATH	
1 7 50	Mar	yland	l	JSA	WIDOWE		1 20 2 10 0 0	George		MD
18: 10/	10 CITY OR T	OWN OF DEATH	11. NAME OF	F HOSPITAL, NE	JRSING HOME C	R OTHER INSTITUTION	128 USUAL OCCUPAT		126 KIND C	OF BUSINESS OR
1 3 60	Clin	ton /		Md. Ho:		Center	Housewif		Hom	ne.
hou in be	USUAL RESID	ENCE (IF NURSING HOME	OR OTHER INSTITUTIO		BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
24 Stille	Mary		arles	Marbu		YES NO D		30x 46/	/2065	38
tely 2 sh	LI. FATHER'S					15 MOTHER'S MAIDEN N	AME	WX 407		
d wash	Char	les He	MIDDLE	Hender		Mary	Frances	L	(napp	
nd corn ges 1 dicol e	160 WAS DEC	EASED EVER IN U.S. A			SECURITY NO.	17 INFORMANT	ADDRI		Mapp	,
Pogo		ONKNOWN) (IF YES, C	GIVE WAR OR DATES)	215-7	88-4646	Opal Will	ie com	0 00 1	1 1 3	
cion ers. t						Cohar Mili	15 Sall	e as i		ONSET AND DEATH
hysinhysinovo pop	PAR	JSE OF DEATH (Enter IT). DEATH WAS CAUS	SED BY:	Verte	bral Art	ery occlusio	n	776	BETWEEN	ONSET AND DEATH
ng bon		IMMEDI	ATE CAUSE (0)_	, , ,						
cor cor n, or mati			DUE TO,	OR AS A CONS	EOUENCE OF					
dec		rise to immediate	(b)_							
the the	couse	(a), stoting the	DUE TO,	OR AS A CONS	EQUENCE OF				7.6	
by See El, c	Under	ying couse lost	(c)_							
						NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1	01
Jan -	=	ypertensic								
V	Y 190 DA	E OF OPERATION	19b. CON	DITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, W		
1 1 1 1	Ē						YES NO	YES [		NO 🗍
it set an	00.500	CIDENT WAS UNDERLYING	110110	OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	FOR PART 2)	
B 1811	S (IF EITH	HER, NOTIFY MEDICAL EXAMIN		P.M.	19					
d the	WEDICAL STATE OF CONTRACT OF C	URY OCCURRED		E OF INJURY STREET, FACTORY, OF	eve eagas Etc 1	21f. LOCATION STREET	CITY OF TO	WN	COUNTY	STATE
the state of	AT WORK	NOT WHILE AT WORK	(AT NOME.	SINEET, PACTORT, OF						
P S S S S S S S S S S S S S S S S S S S	22a.1 ce	ertify that (I) (this has	spital) attended	the deceased fr	om_ 7/11	. 1985	July 1	th 19	37	that (I) (we) last
1 6 9 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sov	v the deceased alive o	on July	14th,1		d that in (my) (our) opinio	n death occurred on the d	ote and hour or	nd from the	couses stated
Post of the search of the sear	22b. SIC		A La poor	ly offer death	11.0	DEGREE			220 DATE	SIGNED
2 2 2 2 2 4 2		1/1/1/201	Mu	Abel	(111)		MEDICAL STA	FF		5-87
1 2 2 2 2 2 T	224 PH	YSICIAN'S NAME (TYPE	E OR DR HIT	The state of	,	122 ADDRESS			1	. ) = 0 /
P P P P P P P P P P P P P P P P P P P			4			9131	Piscatawa		d	
O HOS etoined to Fun MPORT			Chupkov			l Clinton,	Maryland	20735		
		REMATION, REMOVA				EMETERY OR CREMATORY	CITY OR TOWN	c	OUNTY	STATE
BP	Bur.		7-17	-8/		uxen Cem.	Chicamu	xen C	has.	Md.
DHMH - 16 60M 7/84	24 FUNERAL	F		ADDR	E C C	0x 156 250. D	ATE REC'D. BY REGISTRAR	256 REGISTRA	COLDENA!	Redoct
(VRA 15, 4)	Huntt	Funeral	Home I	nc. , Wa	aldorf,	Md. 20601	UL 171987	Show to		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item, #1, G-629, 7/24/87, by F.H., /Gbj. STATE OF MARYLAND

Wash. D.C.

(VR AT5 ME (5))



		11-	STATE			DEFAKIMENT		AND MENTAL P		- 1	701	
12	26 JUL 3	30 8	GISTRAR		ME	DICAL EXAM	AINER'S C	ERTIFICATE	OF DEATH	2 RED NO.	5 7 1	
		T. DE	EASED NAME E OR PRINT)	FIRST		WIDDLE	L	AST	2a DAT	E KNOWN	MONTH DAY YE	AR 26 HOL
	BesiZE		CONTRACT	H.L		WII	LIAMS,	JR.	DEA	TH MATED	7-18-8719	
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	34 25	7a 81	RTHPLACE (STATE	OR	76 CITIZEN OF W	HAT COUNTRY?			9. BAL	IMORE CITY OR	COUNTY OF DEATH	
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	San of	1.76	TY OR TOWN OF	DEATH /		SPITAL, NURSING H			1 4	CUPATION (TYPE	ge's Count	F BUSINESS
	A SERVER	C	harranler		(IF NOT IN SUCH FA	CILITY, GIVE STREET ADD	RESS)		Stude	NORKING LIFE	None	USTRY
	BO NEW YORK	-	heverly	IN NURSING HOME O	Prince G	eorge's C		ospital	50000		00	131.11
21201	ANN		TATE	136 COUN		Wash.,D	č.	YES NO D	13e STREET ADE	rvard St	., N.W.	199
9	Towns.	14. FA	THER'S NAME					15. MOTHER'S MAID	EN NAME			-
E, A	EN SE PINE	H	.L. Will	iams, S	r.	LAST		Clara De	eSane	MIDDLE	LAST	
AOR	202840	16a V	VAS DECEASED E	VER IN U.S. ARA	MED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRESS		
E A	新春の時間		ES, NO, OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)	102-62-	-6231	Emma Carro	011,9410	Shield	Dr., Upper	Marl-
NA NA	名の音楽を	-		EATH /E						Marylan		MATE INTERVAL
ST.	MAIT VE		PART I DEAT	H WAS CAUSED	y ane cause per line BY:					2		ONSET AND DEAT
NO	Ser VAL	1	8/10/	IMMEDIAT		AS A CONSEQUE		es of head	1			
PRESTON	THIN 24 ER ALOR ANSIT PEI AL HYGIE REMOVA		Conditions.	if ony, which	DOE TO, OK	AS A CONSECUE	ACE OF				150	
. P	RAPA	-	gave rise	to immediate	(b)							
2	WEN THE		lying cause	ating the <u>under</u> - lost.	DUE TO, OR	AS A CONSEQUE	NCE OF					
5, 2	D = 0 = 0 = 0			14,24	(c)							
CORD	BE EXE VDING EDICA EDICA EDICA ETH A	NO	PART 2 DIHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH	RUT NOT RELATED TO TH	E TERMINAL DISEASE	DR CONDITION GIVEN IN PA	RT I ra			
00	L CAN AND	CERTIFICATION	190. DATE OF O	PERATION	196. CONDI	TION FOR WHICH	OPERATION WA	AS PERFORMED?			20 AUTOF	PSY?
M	HOULE RD "P HIEF / USED OF HE	F	55								YES X	NO [
DIVISION OF VITAL	WOO BE	ERT	21a EXTERNAL	CAUSE WAS	216. TIME O			W INJURY OCCURRE	D (ENTER NATURE O	F INJURY IN ITEM 18 PA		
2	THE VOID THE VOID OR TO OR TO		UNDERLYING CONTRIBUTING	OR CALISE OF I	DEATH 5:012	- M9NT18-87	Pass	enger in a	auto invo	olved in	collision	that
Sio	ERTIF ING SSHC PROPERATE	MEDICAL	ZIA INJURY DC			OF INJURY (ATHO	Mt. HEELE				collision overturned	1
DIV	S CE	W.	WHILE	HOT WHILE	k how	TORY, FARM, ETC.)	Sou	tehbound Bay	alto Was	shington	COUNTY	S'S CO.
	HANA E		AL WORK	41 WCHE	1 195"2				Total	TICA: ELL.	Maryla	ind Co.
	A PORTE		77s. I certify t	that I took share	at the remains the	cribed above, held	an Mpsy	X. Inspectio	n L, Inqu	iry L. ond	in my opinion	
	A PER		death resulted	from patur	al carres	Begdent LX	Supple	Hamicide	Undetermined	manner .		
	SE S		ACTUAL	142	1 Vn.	1/0	0	TITLE (SPECIFY)			0.476	
7	3253E	1	SIGNATURE	111	XIII	unce	15 MI	Chief	MEDICAL EX	AMINER	DATE SIGNED 7-19	2-87
1	NOB STATE	/	EXAMINER'S NA	110	6	0-1-1-1-	W 5		44 5			
	NO TO BE SEED OF THE SEED OF T		(TYPE OR PRINT)	1		Smialek,	M.D.	DDRESS	111 Penn			
0	522559	23a.B	JRIAL, CREMATIC	N, REMOVAL 2			F CEMETERY OR		23d LOCATION		COUNTY	STATE
bolefile	BP		Burial		7-25-87	Harmo	ny Cemet			er, Mary		
25W	DHMA - 17	24 FI	JNERAL DIRECTO	R	4804 Gan	AT IA	Mach I	250. DATE	REC'D. BY REGIST	1 1	TRAR'S SIGNATURE	
	(MD ARE ARE (E))	1	CTITI & WI	TTTTOILD !	TOUT Gatt	7/6. IN. W.	, wasii., 1	J. C. 1111	2 0 100	77 1	M. 1	9.00

	oge death		Ma	ril	yn .	J.	Wil	liams		7	6 87	1:23A A
	od od	3. SE	(	1	I. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	ge 4	F	emale		Cauc.		MONTH 1	8 32	55	YRS.	MONTHS! DATS	HOURS MIN.
	Po Poor		RTHPLACE (STATE OR FOREIGN	v 7	& CITIZEN OF V	VHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	deoth.		linois		USA		WIDOWE		Prince G	eorge	2	ME
	5 / 78/	10 CI	TY OR TOWN OF DEATH	1		OSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
201	6	CI	linton					Hospital	Housewi		at h	ome
212	hour hour		AL RESIDENCE (IF NURSING HO	ME OR C		GIVE RESIDENCE BEFORE		13d INSIDE CITY'LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
N	4 P	Ma				Ft. Wa			1206 Jef			20744
SYL.	athin the 2 sh	14. FA	THER'S NAME		NDDLE	LAST		15. MOTHER'S MAIDEN I	NAME		IA.	.1
WA	b dample		Maxwell		C .	Raws	on	Dorot			2.11	pham
A,	nd co		VAS DECEASED EVER IN U.		MED FORCES?	166. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS	11.00	
BALTIMOR	Pag.	· ·	No	23, 0112	WAR OR DATES!	220-28-	6823	Dorothy I	. Rawson	same	as it	em_13
SALT	sicio spers val.		18 CAUSE OF DEATH (En	ter only					4		BETWEEN	MATE INTERVAL ONSET AND DEATH
	p ph)		PART I. DEATH WAS C.		CAUSE (a)	Rheumat	oid V	Vasculitis			4 y	ears
201 W. PRESTON ST	es de la serie		Sec. 200-5-1		DUE TO, OR	AS A CONSEQUE	ENCE OF					
EST	9 4000		Canditions, if any, which		(b)	Sepsis					48 1	Hours
. P.	(2 32 1)		couse (0), stating th	ne		AS A CONSEQUE						
2								cular Acci				month
	uires signe ien p a bur	z	PART 2 OTHER SIGNIFICA	ANT C	ONDITIONS CO	NTRIBUTING TO !	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIV	EN IN PART 16	0.
AL RECORDS,	ior tring	CERTIFICATION	190 DATE OF OPERATION		TIN CONDI	ION FOR WHICH	OPERATIO	N WAS PERFORMED	70a AUTOPSY?	20h JE YE	S, WERE FINDI	NGSTISED
REC	os b	5	THE DATE OF OPERATION		170 CONDI	IOIVIOR WITIET	OLEKATIO	TV VASTERI ORMED		IN CERTIF	FYING CAUSES	OF DEATH?
ITAL	sicion si	ERT	21g. ACCIDENT WAS UNDERLYIN	4G 🖂	21b. TIME OF	INJURY		1216 HOW INJURY OCCI	JRRED (ENTER NATURE OF INJU		PART L OR PART 2)	NO 🗌
) F <	phy phy m m m m		OR CONTRIBUTING CAUSE	OF DEAT	"	A. MONTH D						
N	IYSIC ding is cer burio Ment	MEDICAL	(IF EITHER NOTIFY MEDICAL EX.	(MINER)	P.A		19	211 LOCATION				
DIVISION OF VIT	The strength of the strength o	AE.	WHILE NOT WHILE T			ET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CHA OL LO	)WN	COUNTY	STATE
ā	Afte as se as another mort		220.1 certify that (I) (this	hospite	ol) attended the	deceased from_		19_8	3 to July	6	1987	that (I) (we) last
	TTEN Dottol for us of He		sow the deceased alr above, (I) (we) (did) (d	ve on	July	5 10	87	nd that in (my) (our) opinio	on death occurred on the d	late and hou		
	REC REC Fred Fred frem frem	133	22b. SIGNATURE	ila nor	view the body o	orter deorn.	- 70	DEGREE			22c DATE	SIGNED
	the Date Detacher		ALT	to	Hole	2		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	7/6	/87
	VER VER	1	22d PHYSICIAN'S NAME	TYPE OR	PRINT)	The same		22e ADDRESS				
	HOSI Mained The HOSI MPORT		Seth H. L	ou:	rie, M	. D .		7500 Han	over Pkwy	Green	belt,	Md.
	D = 5 = 3 3	22. 0	LIBIAL CREAMATION REAL	20/41	Table DATE	22. 1	NAME OF C	EMETERY OR CREMATOR	224 LOCATION			

FOR

REGISTRAR

FIRST

I. DECEASED NAME

- STATE

LIVEE OF BRIDE

059233

DHMH - 16 60M 7/84

(VRA 15, 4)

URY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 1087 , that (I) (we) last date and hour and from the couses stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN PHYSICIAN 7/6/87 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Seth H. Lourie, M.D. 7500 Hanover Pkwy Greenbelt, Md. 230 BURIAL, CREMATION, REMOVAL 23E NAME OF CEMETERY OR CREMATORY 236 DATE (SPECIFY) Burial Ft. Lincoln Cemetery Brentwood Md. 7/9/87 24 FUNERAL DIRECTOR 'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Deviden Tonders G.P. Kalas 6160 Oxon Hill Rd. 0xon Hill, MA.10

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REGENO.

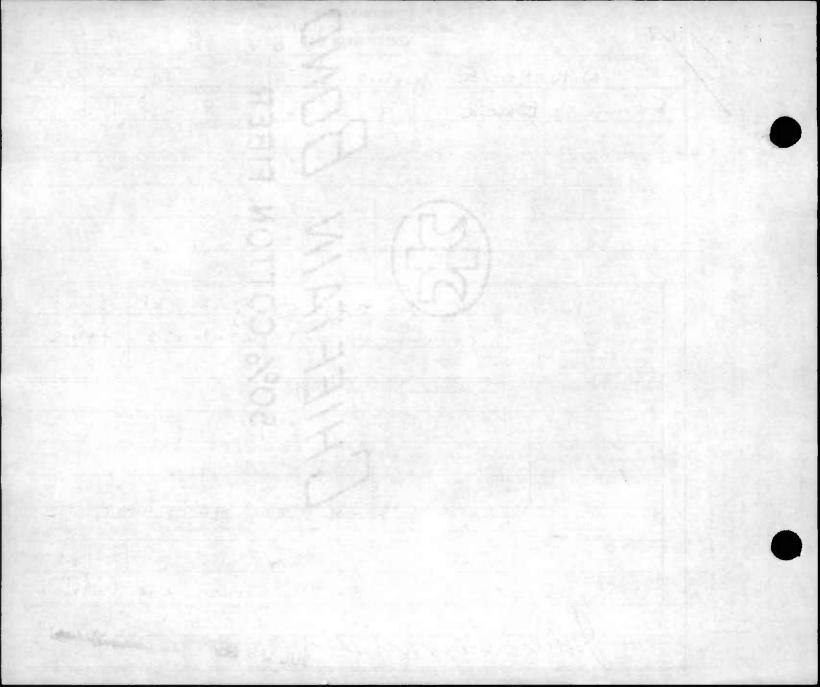
MONTH

26 HOUR

20. DATE OF DEATH

NA LA LEGISTRE	Edit San Was behind he inventory with complying

					21 A I	OF MAKILAND				
1140	1	1/	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYDICATE OF DEATH	GIENE REGINA	1 3	9 9	
noy be	1		EASED NAME FIRST OR PRINT)	ette E. u	v;((	iams.	20. DATE OF DEATH	MONTH DAY	87 K	O PM
ector po		SEX	Female	Black	5 DATE C		6. AGE (IN YEARS LAST BIR			FUNDER 24 HRS
unerol din 10 72 har		01	d Fort, N.C.	7b CITIZEN OF WHAT COUNTRY?  USA	WIDOWE		9 BALTIMORE CITY O		FDEATH	MD
by the fulled with	2)	Si	lver Spring, ryland	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Fairland Nur	sing		120 USUAL OCCUPATION OF WORK FOR MOST OF Housewife		126 KIND OF B INDUSTRY	SUSINESS OR
filled in pooled be		13a S	TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY 130 CITY OR TOW		138 INSIDE CITY LIMITS?	13e STREET ADDRESS / 1462 Capit	ZIP CODE 101 Vie	w Terra	D783
ed within	0		ther's NAME hn T. Anderson	MIDDLE LAST		Lula M. Ke	aton		LAST	
n and co	7		AS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (14 YES GIVE NO	MED FORCES? 166 SOCIAL SECU 705 14		Roy F. Will	ADDRE iams-husban			
g physicic conpaper removal.			PART I. DEATH WAS CAUSED	y one couse per line for 101, (b), one DBY: ECAUSE (0)	0 0	Respirat	ory ar	rest	BETWEEN ONE	SET AND DEATH
death c			Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE		y auto	erioseler	2120	400	ors.
s that the			couse 101, stating the underlying cause lost	DUE TO, OR AS A CONSEQUE			18			
een signe if. Then p iar to bui		ATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D			WIN AL DISEASE OR CON		VERE FINDING	STISED
The law ician.	7	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	OT ENAMED	21¢ HOW INJURY OCCUP	YES NO	IN CERTIFYIN	NG CAUSES OF	
rSICIAN.	9	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	YEAR 19	211 LOCATION	THE TENTER NATURE OF INJUI	T IN IICM ID FARI	TORPART 2)	
After this as the balth and the		ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR TO	wn -7	COUNTY	STATE
ATTENE aspital of ECTOR. ed far use of af Heometrian at He			sow the deceosed olive on obove, (I) (we) (did) (did)	ol) attended the deceased from		nd that in (my) ( opinion	deoth occurred on the de	ite and hour or		
HOSPITAL OR fined by the F FUNERAL DIR vid be detach the stote Dep ORTANT: If the	-		22d. PHYSICIAN'S NAME (TYPE OF	Danber			MEDICAL STAR	IAN [	15-	(8-1
TO HOSPITA retoined by TO FUNER should be d with the Sto IMPORTAN	4	23n B	JOHN T	auber	LAME OF C		IS CONSIN		307	los do
BP		В	urial	Sat. July 1	The last of	Harmon	y Memorial		Land	
DHMH - 16 60M 7/			NERAL DIRECTOR	y Liller	an	De Road M	TE REC'D. BY REGISTRAR	255 REGISTRA	BRUNGAR	



STATE	OF	MARYLAND	
SIMIL	UT	MARILAND	

KIMENI OF HEALIN AND MENIAL	HIGIENE
CERTIFICATE OF DEATH	8
LAST	20. D

		100	7
REG. NO.	4.3	U	U
aca dia		-	100
REG. TYO.			

Road N.E. BY REGISTRATED REGISTRAT'S SIGNATURE

060654 JUL	24	OR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. 20.	4 0 0	
: 11		CEASED NAME FIRST GEORG	GIANA MIDDLE	WILSON	07-15-87   26 HOUR 12 : 47P		
ge 4 moy ector. rs ofte	3. SE	remale	4 RACE Black	May 25, 1943	6. AGE (IN YEARS LAST BIRTHDAY) 444 YRS	FUNDER LYEAR FUNDER 24 MRS	
neral direction of 22 hours	(	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCEX X	PRINCE GEORGE		
on s after d by the fu		TY OR TOWN OF DEATH EVERLY		NG HOME OR OTHER INSTITUTION THOSPITAL CENTER	170 USUAL OCCUPATION  [TYPE OF WORK FOR MOST OF WORKING LIFE  Retired	12b KIND OF BUSINESS OR INDUSTRY	
treip filed in 2 should be	130. S M a	ryland P	G Capt.	Hgts. YES NO [			
MAR ed	S	amuel Thomps	MIDDLE LAST	Vivian He	olloway	LAST	
BALTIMORE,		VAS DECEASED EVER IN U.S. A (IF YES, G 11 O	IVE WAR OR DATECT		ADDRESS drick-daughter-		
1 W. PRESTON ST., BAI that the death certificate by the attent to physic ose remove har in Sapa ose remove har in Sapa		PART I. DEATH WAS CAUS	only one couse per line far (a), (b), a ED BY:  TE CAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	seve Intra	Cerebral Braindeath atar arnest	APPROXIMA GINTEN ALL II BETWEEN ONSEL AND DEATH	
corbs, 20	CERTIFICATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	20e AUTOPSY? 20b IF YES,	, WERE FINDINGS USED	
TAL REC	TIFIC		A DESCRIPTION OF THE PARTY OF T			YING CAUSES OF DEATH?	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirentending physicion. On the this certificate hos been signed os the buriol-transit permit. Then the and Mental Hygiene prior to be orked on the first manual shows any injury.		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)	
DIVISION DIVISION OF PHYSIC OF The STATE S	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, PACTORY, OFFICE,	FARM, ETC.)  211 LOCATION 51REET	CITY OR TOWN	COUNTY STATE	
ATTENDO ospital or ECTOR: A id for use of to Heol		saw the deceosed alive a	oital) attended the deceased from n 19_att) view the body after deuth.		, to July 15 . I death occurred an the date and have	ond from the couses stated	
TAL OR y the h RAL DIR detoche fore Dep		angelle.	They	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	TH. DATE SIGNED	
TO HOSPITAL TO FUNERAL should be dere with the Store		22d PHYSICIAN'S NAME (TYPE	SHINLIND.	120 ADDRESS	grag 8t Nic	0. well,	
Bb ⊢ m³ ₹		BURIAL, CREMATION, REMOVA Urial	Mon At 2	NAME OF CEMETERY OR CREMATORY  1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	nd National La	aŭrel, Marÿland	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTO

Stewart

BP.

1311 AStm TI. 2. T.

> ROLLIUS FULLTIN, HOLIG, 110. ABDD LIULT PLACE, F.E.

14. FATHER'S NAME

medicol

injury, or other troumotic event, the

PORTANT: If them 21 is morked or them 18 shows

the ottending physician and a remove carbonpopers. Pages:

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics is bould be detached for use as the burial-transit permit. Then please remove carbon-paper with the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

160, WAS DECEASED EVER IN U.S. ARMED FORCES?

## STATE OF MARYLAND

FOR STATE REGISTRAR	DEPARTN	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE & RED. NO.	21402
PECEASED NAME PIRST	MIDDLE	wilson	20. DATE OF DEATH MONTH	24 87 4:45 C
Male	Black	S. DATE OF BIRTH MONTH DAY YEAR 07 05 1916	6. AGE (IN YEARS LAST BIRTHDAY) YR:	IF UNDER 1 YEAR IF UNDER 24 HR
6. BIRTHPLACE (STATE OR FOREIGN COUNTRY) KENTUCKY	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince Ge	NTY OF DEATH
Oxon HIM	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 590) Chospa W		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	
JSUAL RESIDENCE (IF NURSING HOME OF 30. STATE 13b. COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY  13c. CITY OR TOWN  CHOIN A	AOMISSION) N 13d. INSIDE CITY LIMITS? YES 137 NO	130 STREET ADDRESS / ZIP CO	Drive 2074
I. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA/	ME MIDDLE	LAST

17 INFORMANT

ADDRESS

ND OKONKNOWN)	(IF TES, GIVE WAR OR DATES)	289-42-3603 Emma Till nan 5901 Chactau	D Driv
	H (Enter only one couse pe /AS CAUSED BY: IMMEDIATE CAUSE (o)	rline for so, 16, and 101 may an arment	APPROXIMATE BETWEEN ONSET
Conditions, if ony		PRAJACONSEQUENCE OF WATER VAHCELLUNG	
gave rise to im couse (a), statis underlying couse	ng the DUE TO. C	OR AS A CONSEQUENCE ON CINOMA - Prain Alido	men
PART 2 OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 110

166. SOCIAL SECURITY NO.

19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION			106 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES 🗌	NO	YES	NO 🗆
21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCU	IRRED (ENTERNA	TURE OF INJURY	IN ITEM 18 PART I OR PART 2	)
21d INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	,	CITY OR TOWN	COUNTY	STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on

odove, (I) (we) (did) (did not) view the body offer death.		
27h SJONATURE /	DEGREE /	220 DATE SIGNED
Money 1	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	7, 28, 8
214 PHYSICIAN'S NAME (TYPE OR PRINT)	22e. ADDRESS	

Dr. Berwa	7 - 4 - 4 - 4	Southers	Maryland	Hospital
230. BURIAL, CREMATION, REMOVAL 236 DATE	23c NAME OF CEMETE	RY OR CREMATORY 12	36 LOCATION	

BP	(SPECIFY) BWW	08-01087	Lincoln Men,	Cem. Suttle	1 PG May Con
DHMH - 16 60M 7/84	24. FUNERAL DIRECTOR	114	REST DIAMAGE CO	250. DATE REC'D BY REGISTRAR	25b-REGISTRAR'S SIGNATURE

etoined by the hospital

061277

STATE	OF	MARYLAND

NTAL HYC	SIENE		37%	1	11	
ATH	8	1	REG. NO.	and and	0	

	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	B / REG. NO.	1 4 0	3
	CEASED NAME FIRE OR PRINTS	251	WIOOFE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR	25 HOUR
	HILD	A LO	DUISE	WIS	SER	July 24, 1987		12:25p
3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS
2	Female	White	9		16, 1896	91 YRS	5.	
	IRTHPLACE (STATE OR FOREK	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR COUN		
	ashington,	D.C. U.	S.A.	WIDOWE		Prince Georg		
10. CI	ITY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	GUFET INDUSTRY	F BUSINESS OF
100	Lanham				Pr. Geo. Co.	Crossing Gua	ard Pen	n.Railr
13a S	STATE ryland P	COUNTY  COUNTY  COUNTY	136 CITY OR TOWN  Lanham		13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP CO 6117 Princess	Garden P	kwy/207
14 FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	IAS	ST.
	Edward	J"	Russe	11	E1Ten	L.	Gou	ld
16a V	WAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	717-07-68		17 INFORMANT Gilbert E.Wis	56 G Orescen er/Greenbelt, M		20770
	gave rise to immedia cause (a), stating		OR AS A CONSEQUE	NICE OF A	/	12 -		
IFICATION	PART OTHER SIGNIFIC	ANT COMMITIONS C SY Sulta		DEATH BUT	NOT RELATED TO THE TERM  TOUR  TWAS PERFORMED	geterly lowe	GIVEN IN BART I	NGS USED OF DEATH?
AL CERTIFICATION	PART OTHER SIGNIFIC  TELL DO  190 DATE OF OPERATION  7- (6-87)  210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING  CAUSE	ANT COMPITIONS C SY Sult to 196 CONE NG 216 TIME C HOUR A	ONTERBUTING TO D	OPERA NOTICE OF THE PROPERTY O	NOT RELATED TO THE TERM  TO THE	JEST TO THE TOTAL OF THE TOTAL	SIVEN IN BART IN	NGS USED
	PART STHER SIGNIFIC STAGE DO 190 DATE OF OPPRATION 2-16-87 210, ACCIDENT WAS UNDERLYI	ANT COMPITIONS C SY CLUTS 1 196 CONE 1 196 CONE 1 216 TIME O HOUR A LAMINER) 716 PLACE	ONTERNATING TO DE CONTROL FOR WHICH TO BE INJURY  OF INJURY  OF INJURY  OF INJURY	OPERANO OPERANO AY YEAR 19	NOT RELATED TO THE TERM  WAS PERFORMED  TO HOW INJURY OF THE	TO AUTO OF OURY IN ITEM I	YES, WERE FIND II THEYING CAUSES YES [	NGS USED S OF DEATH? NO
MEDICAL CERTIFICATION	PART OTHER SIGNIFIC  190 DATE OF OPERATION  2-16-87  210. ACCIDENT WAS UNDERLYI  OR CONTRIBUTING   CAUSE  [IF EITHER NOTIFY MEDICAL EX	ANT COMPITIONS C  S  196 CONE  196 CONE  196 CONE  196 CONE  197 CONE  198 C	ONTERBUTING TO DE	OPERANO OPERANO AY YEAR 19	NOT RELATED TO THE TERM  TO THE	INAL DISEASE OF CONDITION OF THE PROPERTY OF T	SIVEN IN BART IN	NGS USED S OF DEATH?
	PART OTHER SIGNIFIC  190 DATE OF OPPRATION  710, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE 146 LINJURY OCCURRED  WHILE NOT WHILE	ANT COMPITIONS C  SY  196 CONE 197 CONE 198 CONE	ONTRIBUTING TO DESCRIPTION FOR WHICH IN THE PROPERTY OF INJURY OF	OPERANO OPERANO AY YEAR 19	NOT RELATED TO THE TERM  WAS PERFORMED  TO HOW INJURY OF THE	TO AUTO OF OURY IN ITEM I	YES, WERE FIND II THEYING CAUSES YES [	NGS USED S OF DEATH?
	PART OTHER SIGNIFIC  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE  10 EITHER NOTIFY MEDICAL EX  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that (1) (this saw the deceased all	ANT COMPITIONS C  ANT COMPITIONS C  19b CONE  19b CONE  10b CINE	ONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION FOR WAICH OF INJURY  OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY	OPERA NOTAL STATE OF THE STATE	NOT RELATED TO THE TERM NEWAS PERFORMED  21c HOW INJURY OF THE 21I LOCATION STREET	TO AUTO OF OURY IN ITEM I	EVEN IN PART IT	NGS USED OF DEATH? NO
	PART OTHER SIGNIFIC  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE  10 EITHER NOTIFY MEDICAL EX  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that (1) (this saw the deceased all	ANT COMPITIONS C SY LIGHT 19b. CONE	ONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION FOR WAICH OF INJURY  OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY	OPERA NO OPE	NOT RELATED TO THE TERM NEWAS PERFORMED  21c HOW INJURY OF THE 21I LOCATION STREET	20 AUC V 206 IF W CER  CITY OR TOWN	EVEN IN PART IT	NGS USED OF DEATH? NO STATE that (I) (we) laccouses stated
	PART OTHER SIGNIFIC  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE  [IN EITHER NOTIFY MEDICAL EX  21d. INJURY OCCURRED  WHILE AT WORK  22a. I certify that (1) (this saw the deceased all above, (1) (we) (did) (	ANT COMPITIONS CONTINUES OF DEATH AMINER  216. PLACE AMINER  216. PLAC	ONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION FOR WAYLCH AND THE DAY OF INJURY IREET, FACTORY, OFFICE, F	OPERA NOT YEAR 19 ARM, ETC 1	NOT RELATED TO THE TERM  21c HOW INJURY OF THE TERM  17c HOW INJURY OF	20 AUC Y 20b IF 20b IF M CER  CITY OR TOWN  CITY OR TOWN  CITY OR TOWN  ADDICAL STAFF  DIRECTOR PHYSICIAN []	YES, WERE FINDING CAUSES YES COUNTY COUNTY	NGS USED OF DEATH? NO   STAIR  that (I) (we) lar causes stated
WEDICAL MEDICAL	PART OTHER SIGNIFIC  TELL OF OPERATION  21g. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE  JIFETHER NOTIFY MEDICAL EX  21d. INJURY OCCURRED  WHILE AT WORK  22a.1 certify that (1) (this saw the deceased of above, (1) (we) (did) ( 22b. SIGNATURE	ANT COMPITIONS C  SY  ANT COMPITIONS C  SY  196 CONE  196 CONE  ANNER  216 PLACE  [AI HOME. SI  INC OF DEATH  ANNINER  216 PLACE  [AI HOME. SI  INC OF DEATH  ANNINER  216 PLACE  [AI HOME. SI  INC OF DEATH  ANNINER  216 PLACE  [AI HOME. SI  INC OF DEATH  ANNINER  ANNINER  117 PLACE  [AI HOME. SI  INC OF PRINTI  ANNINER  [IVPE OR PRINTI]	ONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION FOR WAICH HE AND THE CONTRIBUTION OF INJURY OF INJURY OFFICE, FAMILY OF INJURY OFFICE, FAMILY OFFICE,	OPERANO  OPERANO  Y YEAR  19  ARM, ETC	NOT RELATED TO THE TERM  THE WAS PERFORMED  216 HOW INJURY OF THE TERM  211 LOCATION  STREET  19  Id that in (my) (our) appnion of the term  PEGREE  ATTENDING PHYSICIAN  222 ADDRESS  7525	20 AUC Y 20b IF 20b IF M CER  CITY OR TOWN  CITY OR TOWN  CITY OR TOWN  ADDICAL STAFF  DIRECTOR PHYSICIAN []	YES, WERE FINDING CAUSES YES BRATTOR PART 21  COUNTY  19  22  COUNTY	STATE  that (I) (we) la couses stated  SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

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3	JUL	14	1.	FOR STATE			DEPART		EALTH AND ME		NE	0 1	4 0	4
				REGISTRAR					ICATE OF DEA	U	REG. f			
m c				CEASED NAME	FIRST	M	NDDLE	L.	AST	2	e. DATE OF DEATH		DAY YEAR	26 HOUR
dear				GEOLG			W	ITHER	SPOON				0 01	10 AM
fter p	,		3. SE)	-	4	RACE	011	5. DATE O		YEAR_	AGE (IN YEARS LAST &		MONTHS DAYS	HOURS MIN.
or so		3		F		BLA		9	12	15	-//	YRS.		
2 50	1000	7/	. 0	RTHPLACE (STATE OR F		b. CITIZEN OF V	VHAT COUNTRY?	MARRIE	NEVER MAR	RRIED '	BALTIMORE CITY			
ne funeral director, page 3 within 72 hours after death	10	0	100	RTH CURROL	INA	USH NAME OF H	OCRITAL MURCH	WIDOWE	DIVOI		PRINCE 20. USUAL OCCUPA	GEDA	_	MD.
- T		1		TY OR TOWN OF DEA	IH I	(IF NOT IN SUCH	FACILITY, GIVE STREET	T ADDRESS)		- 0	TYPE OF WORK FOR MOST	OF WORKING LIF		F BUSINESS OR
by ile	100	4		AL RESIDENCE (IF NURSI	NO HOME OF O	LINTON	CONVEL		T CEL	TER	LAUND	<u> </u>	1	A-7 /8
filled in	dis	5	13a S	TATE	13b. CQUNT	Y	13c. CITY OR TOV	VN	136. INSIDE CITY		30. STREET ADDRESS	->-1	CTOLE	2/100
ly fill	-	2	-	THER'S NAME	111	70	MT RAL	NER	YES NOTHER'S M			7Th	STREE	
oletel 300	Line of the second	7	14. FA	FIRST		DOLE	DILAST	-55	FIRS		MIDDLE		IAS	nann
Cong	N TO		140 V	AS DECEASED EVER	IN II S APM	ED FORCES?	166. SOCIAL SECT	URITY NO.	17. INFORMANT	OIE	ADDI	RESS	600	DARD
ond	edico	/		ES NO OR UNKNOWN)		WAR OR DATES)	242-111	- 6797	Kelly	L. Bura	gess Brother)	E\$\$158	u St Ni	W. T.C
cian ers. P	the T	1			1.5		ATA-17	7	·	- Dale	To Colombia	was		MATE INTERVAL ONSET AND DEATH
physi	removo			PART I. DEATH W	AS CAUSED	BY:	line for (0), (b), or	Chw	DMQ /	REVA	+A11	10R	BETWEEN	DINSET AND DEATH
ing i	or ren	1			IMMEDIATE			CN:	/	00////				
Hend	ofion			Conditions, if ony,	which	DUE TO, OR	R AS A CONSEQU	JENCE OF						
he o	mot			gove rise to imm	nediote		AS A CONSEQU	ENICE OF		JEN HI				55 T. H. H.
by t	l, cre			underlying couse		(c)	AS A CONSECU	JENCE OF						
ned o	DUTIO			PART 2. OTHER SIGN	IFICANT CO		NTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OR COI	NDITION GIV	EN IN PART 110	0'
Ther	rot		NO.											
bee	prio		CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	ED	20e AUTOPSY?	20b. IF YES	YING CAUSES	GS USED OF DEATH?
ho		1	STIF		- 25						YES NO	YE		NO 🗆
rons	Hyg.	5		OR CONTRIBUTING		21b. TIME OF	F INJURY M. MONTH D	AY YEAR	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM 18 P	PART 1 OR PART 2)	
riol-tr	Mentol	/	CAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	P.A		19						
this bu	. 75		MEDICAL	21d. INJURY OCCURR		210 PLACE C	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC )	21f. LOCATION		CITY OR I	OWN	COUNTY	STATE
fter os th	alth one		1	AT WORK AT WOR	ILE L			T111		D	The	P	17	
DR: A	I .			22a.l certify that (I)	(this hospite	ottender the	aceosed from	יייני	I de la traca (a	19 40	. 10	<u> </u>		that (It (mailost
CTOR.	2 0		11	obove, (I) (me)	drive on	view the body	ofter death.	, or		e-opinion de	oth occurred on the	dote and hou		couses stoted
DIR	Dept.			226. SIGNATURE	Fru	7		7	DEGREE	ENDING	MEDICAL ST.	AFF	771. DAY	157
RAL	e Stote I	+		22d. PHYSICIAN'S NA	1				PHY 22e ADDRESS	SICIAN A	DIRECTOR PHYS	ICIAN 🗌	1/9	10/
NO.	the			FORM	) 0	U A A/ A	7		9401	LINA	1 HEND	Harv	alu	ASIX MO
07	with the	_	22	KHNK	DE MOVIE	Y HTV /V	122	NAME OF C	EMETERY OR CRE	NUH	123d. LOCATION	MMI	ri W	עווו יובן
			13	URIAL, CREMATION,	KEMOVAL	236. DATE	-07 (		- 1 ( )	1	1 1 chy or 10mh	uton	POUNTY C -	+ KYEC
			74-FI	INGRAUTHRECTION	10	1-13	eralltome	Joda	ard Ler		REC'D. BY REGISTRA		RAR'S SIGNAT	URE
16 50 RA 15,	OM 4/8	32	E	DI T	1, 1	Mt. Rai	A DRESS			/			auton-h	
A 13,	4/		نک	200 Rhode Is	cinc	1-11- Mail	NCK, 14D				1 3 1007	There	and functions	

DHMH - 16 50M 4/B (VRA 15, 4)

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DHMH - 16 60M 7/84

(VRA 15, 4)

4739 Baltimore Avenue Hyattsville, Md. 20781

		STATE OF MARYLAND	
,	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0.5
-	STATE REGISTRAR	CERTIFICATE OF DEATH 8 / REG. NO.	
	CEASED NAME A FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR, O
	Anna	L. Wood July 14,19	87 7 AM
3 SE	X	4, RACE S. DATE OF BIRTH DAY YEAR (IN YEAR'S LAST BIRTHDAY) IF UN YEAR'S LAST BIRTHDAY)	HOER I YEAR IF UNDER 24 HRS
-	emale	White May 11 1896 91 YRS	
la Bi	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY? 8 MARRIED DEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF	DEATH
1	irginia	United States WIDOWED TO DNORCED Trince Geor	ges MO
10 C	ITY OR TOWN OF DEATH		N KIND OF BUSINESS OR
_	anham	III MANDE CATON TO TSTONE	SelfEmployed
USU. 13a. S	AL RESIDENCE (IF NURSING HOME	E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  DUNTY   13c. CITY OP-TOWN   13d INSIDE CITY LIMITS?   13c. STREET ADDRESS, / ZIP CODE	0 1 2-2-
M	aryland Pri	nce George Mt. Kainier YES NO 1 3208 Chillum	Rand 20712
14. FA	ATHER'S NAME FIRST	MIDDLE LAST SIRST MIDDLE	Bovier
	Issac	Franklin Jones Ora MIDDLE	
	VAS DECEASED EVER IN U.S.		Chapel Rd #102
	YES NO OR UNKNOWN) (IF YES.	579-12-9237 Maxine L. Fuller (Daughter)Mt.	
	18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b) and (c).	APPROXIMATE INTERVAZE 12
	PART I. DEATH WAS CAU IMMED	DIATE CAUSE (0) Cardiac Arres	5 mins
		DUE TO, OB AS A CONSEQUENCE OF	
	Conditions, if ony, which	( 16) Arterioscleratic Heart Disease	years
	gove rise to immediate cause (o), stating the	DUE TO, OR AS A CONSEQUENCE OF	
	underlying cause lost	(c)	
	PART 2 OTHER SIGNIFICAN	AT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I	N PART IIo
O			
CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WI	RE FINDINGS USED G CAUSES OF DEATH?
MEDICAL CERTIFICATION	14. 36.64	YES NO YES	NO [
CER	21a ACCIDENT WAS UNDERLYING	LUCIE ALL MONTH DAY VEAD	OR PART 2)
AL	OR CONTRIBUTING CAUSE OF	OCAIN	
EDIC	214 INJURY OCCURRED	21e PLACE OF INJURY 211 LOCATION	COUNTY STATE
Σ	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN	3,410
		ospital) attended the deceased from DECEM 12 x 1, 19 86, to July 14, 19	87, that (I) (we) lost
	sow the deceased alive		I from the couses stated
	77h SIGNATURE	DEGREE	22c. DAJE SIGNED
	Teal	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	Tul. 14. 1987
	224 PHYSICIAN'S NAME (TY		Joly 17 101
	1 ean R.	Leviteta 13503 Pencusti Mt. Rain	:04 Md, 207/2
23a. F	BURIAL, CREMATION, REMOV	TAL 23b, DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION	Criticio 18
	Burial		UNITY STATE
2Fp	aneis Casch's	Sons Funeral Home, P.A. 250. DATE RECURS BY REGISTRAR 256. REGISTRAR	

or other troumotic event, th cremotion, or removal

IMPORTANT: If them 21 is morked or them 18 shows ony

059820

	TA	TE OF M	ARYL	AND	
DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CEI	DTI	FICATI	TOT	DEATH	

118	REGISTRAR			CERTIF	ICATE OF DEATH	3 / REG. NO		. 0	*
	CEASED NAME FIRST	MIDD	DIE	ı	AS1	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		Maria		Ws	zelaki	July 7,	1987		11:25 M
3 SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
	Female	White		July	8, 1894 YEAR	92	YRS	VINS: DATS	HOURS MIN,
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	IAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
	Poland	USA	1	WIDOWE		Prince	George	5	MD
10 C	ITY OR TOWN OF DEATH		SPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION			OF BUSINESS OR
Ну	attsville		Heart H		Inc.	Housewif		HOME	
13a S	AL RESIDENCE (IF NURSING HOME STATE 13b CC rginia ARL	UNTY 13	e residence before c. CITY OR TOWN Arlingto	N	13d INSIDE CITY LIMITS? YES NO []	13e.STREET ADDRESS / 2001 Colu		ike j	9999
14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	ST
	Jan de I	Rosen			Wan	da Hantke			
	WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES,		b. SOCIAL SECUI		17 INFORMANT	ADDRE		TO CO	3 11 23
	NO	0	79-28-7	236	HOWARD WILSON	1/4300 BLADI	ENSBURG	RD C	OTTACE
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line	/-	- 11	4. 1.	1 1 2		BETWEEN	ONSET AND DEATH
		IATE CAUSE (o)	ong	281	rue hear	tacke	١٦٠	10	Tyron
		DUE TO, OR	A COMBEQUE	m - 1/.	2 As 6	6 25000		2,	2
	Conditions, if ony, which gove rise to immediate	(b)	mono	scu	nose near	T aires		ne	geon
	couse (o), stating the underlying couse lost.	DUE TO, OR A	S A CONSEQUE	NCE OF	Old ap	)e			0
Z	PART 2. OTHER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE ERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V		
I E						YES T NOT	IN CERTIFYII	NG CAUSES	NO []
CER	210. ACCIDENT WAS UNDERLYING	110110 4 11	NJURY MONTH DA	V VEAD	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PART	FOR PART 2)	
N N	OR CONTRIBUTING CAUSE OF	DEATH	MONTH DA	19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE, FA	D. F. C. L	211 LOCATION	CITY OR TO	WH	COUNTY	STATE
Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET,	, TACTORT, OFFICE, FA	RM, ETC )	311121				
	22a. I certify that (I) (this ha	spital) attended the d			ay 19 P3	, to		尹上	that (I) (we) lost
	sow the deceased alive above, (1) (we) (did) (did		er deoth.	, 01	nd that in (my) (our) opinion o	deoth occurred on the do	te and hour o	nd from the	couses stated
	22b. SIGNATURE	12001			DEGREE	MEDICAL STAT		22c. DATE	SIGNED
	all	orcer		R		MEDICAL STAF	IAN	12-	7 · J >
	22d. PHYSICIAN'S NAME (TY		FII		22e ADDRESS GOOT	EXECUS	700	13/01	2
	2011 10	10102				RUCKUI	116,	1110	2085

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DHMH 16 60M 7/84 (VRA 15, 4)

236. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

COUNTY STATE

MURPHY FUNERAL HOME 4510 WILSON BLVD. ARLINGTON, VAL. 15 1987

of a second throat south and a second

Elle in modell

BP.

(VRA 15, 4)

60393 JUL 2	2187 FOR REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 21407
	I. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
y be age 3 death	Joseph	D.	Yanchulis	July 15, 1987 10:40P <sub>M</sub>
тейег.	3.SEX Male	4 RACE Caucasian	December 1, 1913	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
O 1 1 1 1 7 5	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH Prince George's MD.
September 1	Ft. Washington	LE NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION  RETADDRESS)  Rehabilitation Ctr	120 USUAL OCCUPATION   126 KIND OF BUSINESS OR   179E OF WORK FOR MOST OF WORKING LIFE!   INDUSTRY   D. C. Gov't.
TI DIN STATE OF THE STATE OF TH	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 133. COU Maryland Prince		OWN 134. INSIDE CITY LIMITS?	3047 Brinkley Rd., Apt. T-1
MARYL and 2 of and 2 of	14. FATHER'S NAME FIRST Charles	Yanchul	is Marcella	MIDDLE Balonis
MORE, or seed to Popes J. Popes J.	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)   1 F YES, G	RMED FORCES? 16b. SOCIAL SE 17c WAR OR DATES) 011-18-		nchulis as in item 13
T., BALT tificate b physical mooper moovel.	PART I. DEATH WAS CAUS	only one cause per line for (a), (b), ED BY. ATE CAUSE (a)	ovocular I	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST the death cert y the attending I te remove corbon cremation, or rer	Conditions, if any, which	DUE TO, OF ASSESSIVE CO	DUENCE DEPLUSES	leffuse
hot the d by the o ose remoti of cremoti	gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	WENCE OF Wolving	Heart, Brain
RDS, 20 equires to signed Then ple r to burio	PARS OTHER SIGNIFICANT	COMPRISE COMPRIBUTING T	ODEATH BUT NOT RELATED TO THE TERM	MINAL DISPASE OR CONDITION GIVEN IN PART TIO
	19a, DATE OF OPERATION  19a, DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?  YES NOS IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NOS NOS NOS NOS NOS NOS NOS NOS NOS NO
1	OR COLUMNIA COLOR OF A	EATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
VISION OF PHYS OF THE DUT OF THE	OR CONTINUE TO COLUMN TO C	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFK	21f. LOCATION	CITY OR TOWN COUNTY STATE

23a BURIAL, CREMATION, REMOVAL

22a I certify that (I) (this hospital) attended the deceased from,

22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

23b. DATE Resurrection Cemetery 7-18-87

DEGREE

ATTENDING PHYSICIAN

23d LOCATION CITY OF TOWN Clinton

Md.

, that #1 (we) last

22c DATE SIGNED

COUNTY

P.G.

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(SPECIFY)

Burial

G.P. Kalas F.H. 6160 Oxon Hill Rd. Oxon Hill, Md.

250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

apinian death occurred on the date and hour and from the causes stated

## STATE OF MARYLAND

7 2 1	40	8
OF DEATH	DAY	VC + D

159	376 JUL 14	87	FOR STATE REGISTRAR		DEPARTM	ENT OF HE	OF MARYLA ALTH AND M CATE OF DI	ENTAL HYGI	ENE 87	214	-08	
	oge 3		CEASED NAME FIRST HEL	EN D.	ZIMMER	NAMS	ST		20 DATE OF DE		)3-87	26 HOUR 12.45A <sub>M</sub>
	or p	3. SEX	Female	4 RACE Blac	k	5 DATE OF MONTH	BIRTH 2PAY	1929	6 AGE IN YEARS	AAST BIRTHDAY)	MONTHS DAYS	R IF, UNDER 24-1485 HOURS MIN
	neral direct		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE		MARRIED WIDOWED	NEVER M	ARRIED -	PRINCE	GEORGE	OF DEATH	MD.
10	s offer d		TY OR TOWN OF DEATH	GLADYS					120 USUAL OCC	UPATION MOST OF WORKING LIF	126 KIND INDUSTRY	rivate
ND 212	filled in sould be	13a S	Maryland 13b. COU	NTY 13	e RESIDENCE BEFORE A	1	13d. INSIDE CIT YESX	TY LIMITS?	3221 Wa	RESS / ZIP CODE	2	0747
MARYLA	thin thin		THER'S NAME FIRST  George	WIDDIE	Davis		Pear!	IRST		DDIE T	homas	AST
BALTIMORE, MARYLAND 21201	/ Spiedical		/AS DECEASED EVER IN U.S. AI (15, NO OR UNKNOWN) (15 YES, G)	VE WAR OR DATES)	50-42-83		Betty	zimmern	nan/3221	Walters	Lane / I	ryland orrestvill
W. PRESTON ST.,	iquires that the death certains signed by the attending partner please remove corban to buriol, cremotion, or remaining, or anther traumatic event, nivry, or ather traumatic event,	Z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR A  DUE TO, OR A  (b)  DUE TO, OR A	AS A CONSEQUE	ASI V		TO THE TERMI	NAL DISEASE OI	R CONDITION GIV	2	NONSET INTERVAL  ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201	he low re no.	CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION	ON FOR WHICH (				200 AUTOPSY	IN CERTIF	S 🗍	INGS USED S OF DEATH?
DIVISION OF	INDING PHYSICIAN: To a catending physicial of a fater this certificate use as the burial-transit Health and Mental Hygis is marked at them. 8 sh	MEDICAL	OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTHY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (I this hosp	P.M. 21e. PLACE OF (AT HOME, STREET	INJURY FACTORY, OFFICE, FA	19 RM, ETC)	211. LOCATIO STREET	. 19 24	, to	IY OR TOWN		state, that W (we) last
	O HOSPITAL OR ATTE		sow the deceased allive or obove, (1) we) (did) (did) and 122b. SIGNATURE  22d. PHYSICIAN'S NAME (TYP)  DON H- YO	to view the body att		D	EGREE	TTENDING HYSICIAN	MEDICAL DIRECTOR DI			SIGNED 3/87
	BP		URIAL, CREMATION, REMOVAL Burial		23c N	ame of ce	METERY OR C	REMATORY	23d. LOCATIO	dover,	ФС	Maryland
	DHMH - 16 60M 7/84 (VRA 15, 4)	J.	NERAL DIRECTOR 3. NGENKINS FH/7	474 Lando	over^orRd/l	Landov	ver, Md	25a. DATE	A 67	STRAR 256 REGIST	RAR'S SIGNA	

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